

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 email: ofa@offa.org | website: www.ofa.org
 A Not-for-Profit Organization

Office Use Only
 v010122

Application for Basic Cardiac Database

Registered name: MOONLIT ACRES DANIEL'S SNOW WHITE "LUNA MD"		AKC registration number: SS20086002		Other registry name: Other registry #:	
Breed: GOLDEN RETRIEVER		Sex: F	Date of birth (MM/DD/YY): 06/19/2020		
Microchip/tattoo: 956000012628119		Registration number of sire: SR75595502		Registration number of dam: SR93098904	
Owner name: DANA LOGAN		Co-Owner name:		Examining veterinary clinic: NEWBERG VETERINARY HOSPITAL	
Mailing address: 98686		Mailing address: 3716 E PORTLAND RD		Date of evaluation (MM/DD/YY): 01/15/2022	
City: VANCOUVER	State: WA	Zip/postal code: 98686	City: NEWBERG	State: OR	Zip/postal code: 97132
Phone: 360-980-1926		E-mail: DANA@DANALOGAN.COM		Phone: (503) 538-8303	
				E-mail: ASHLEY@NEWBERGVET.COM	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)						
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>		
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous <input type="checkbox"/>			
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>		

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature _____ Date 1/15/22

Check one box: Practitioner, Specialist, Cardiologist

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number _____ Cardholder name _____ Exp date MM/YY _____ CVV _____



CASE: 22USVX

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 email: ofa@offa.org | website: www.ofa.org
 A Not-for-Profit Organization

Office Use Only
 v010122

Application for Basic Cardiac Database

Registered name: SWANAVLY ANASTASIA GRACE "ANNASTASIA"		AKC registration number: SS31770801	Other registry name: KSS	
Breed: GOLDEN RETRIEVER		Sex: F	Date of birth (MM/DD/YY): 10/10/2019	
Microchip/tattoo: 688010000119295		Registration number of sire: JR 83979 ZR	Registration number of dam: JR 85042 ZR	
Owner name: DANA LOGAN	Co-Owner name:	Examining veterinary clinic: NEWBERG VETERINARY HOSPITAL	Date of evaluation (MM/DD/YY): 01/15/2022	
Mailing address: 98686		Mailing address: 3716 E PORTLAND RD		
City: VANCOUVER	State: WA	Zip/postal code: 98686	City: NEWBERG	State: OR
Phone: 360-980-1926	E-mail: DANA@DANALOGAN.COM	Phone: (503) 538-8303	E-mail: ASHLEY@NEWBERGVET.COM	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)					
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous	<input type="checkbox"/>	
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>	

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature _____ Date **1/15/22**
 Check one box: Practitioner, Specialist, Cardiologist

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number _____ Cardholder name _____ Exp date MM/YY _____ CVW _____

CASE: 22YFPA

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 email: ofa@offa.org | website: www.ofa.org
 A Not-for-Profit Organization

Office Use Only
 v010122

Application for Basic Cardiac Database

Registered name: MOONLIT ACRES SAN PAULO "MO"		AKC registration number:		Other registry name: Other registry #:	
Breed: GOLDEN RETRIEVER		Sex: F	Date of birth (MM/DD/YY): 03/23/2020		
Microchip/tattoo: 956000012594949		Registration number of sire: UKU.0371608		Registration number of dam: SS09896001	
Owner name: DANA LOGAN		Co-Owner name:		Examining veterinary clinic: NEWBERG VETERINARY HOSPITAL	
Mailing address: 98686		Mailing address: 3716 E PORTLAND RD		Date of evaluation (MM/DD/YY): 01/15/2022	
City: VANCOUVER	State: WA	Zip/postal code: 98686	City: NEWBERG	State: OR	Zip/postal code: 97132
Phone: 360-980-1926		E-mail: DANA@DANALOGAN.COM		Phone: (503) 538-8303	
				E-mail: ASHLEY@NEWBERGVET.COM	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)						
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>		
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous <input type="checkbox"/>			
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>		

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature _____ Date 1/15/22

Check one box: Practitioner, Specialist, Cardiologist

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number Cardholder name _____ Exp date MM/YY _____ CVV _____
 CASE: 22E4KS