## RESUBMIT

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APPL				
RAD				
CK				



Orthopedic Foundation for Animals 2300 E Nifong Blvd, Columbia, MO 65201-3806 Phone: (573) 442-0418; Fax: (573)875-5073

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## **Application for Congenital Cardiac Database**

Registered name:		Registration number: 🔎 AKC 🔘 CKC	Other registry name:
Rocket's Escape Velocity	to Gentry	WS34208501	Other registry #:
Breed:	Sex:	Date of Birth (month-day-year):	
Boxer ID Number (if any):   Tattoo	Male Microchip	06/01/2010 Registration number of sire:	Registration number of dam:
985121005112611 Owner name:	Co-Owner name:	WS13249802 Examining veterinary ho	WS20376504 spital: Date of Evaluation (pm/dd/yy): イト にして
Paula Vandervoort		MICHAEL COCCUI	ARO, DVM, DACUIN
3515 Urban Woods Trail		PO BOX 14692	
City:	State: Zip/postal code:	to Box 14692	State: Zip/postal code:
Houston Phone:	TX 77008 E-mail:	Austin Phone:	7876   E-mail:
(713) 283-7557	paula@gentryboxers.com	512-745-3698	3
	Release Abnormal Results	Authorization to  I hereby authorize the examining ve the animal described on this applica results may be shared with the ACVI but will not be disclosed to the get	tion for <b>statistical purposes</b> . The M or canine health researchers,
□ Auscultation is within normal limi □ Auscultation reveals a soft (gra □ Auscultation reveals a moderat □ Auscultation was performed af □ Normal heart sounds with □ A soft (grade 1 or grade 2)  Describe any cardiac murmurs:  Timings: Systolic □ Point of maximal intensity: □ Mitral valve area □ Pulmonary valve area □ Other location:  Radiation or other characterist	te to loud heart murmur. iter exercise and revealed: nout a cardiac murmur. ) murmur. diastolic	limits of normal.  Echocardiography with Dopple equivocal: mild congenital hear nor excluded based on this stu Echocardiography with Dopple indicative of congenital heart of the congenital heart of	er was performed and the results were within a was performed and the results were art disease cannot be conclusively diagnosed dy.  If was performed and the results were disease.  If was performed and the results were wident approached the examiner:  If was performed and the results were within the examiner.  If was performed and the results were within the examiner.  If was performed and the results were within the examiner.  If was performed and the results were within the results were within the results were within the results were within the results were disease.  If was performed and the results were within the results were disease.  If was performed and the results were disease.  If was
certify that the standards for		were carefully followed in performing too/microchip on this dog  Specialist, Cardiologist	this examination.  7   19   20   12   Date
Litter of 3 or more su	nths	Minimum of 5 individuals	as a group, owned/co-owned by same person
	oney order, (U.S. funds drawn on a U.S. bank) c	-	Orthopedic Foundation for Animals.
Visa/Master Card Number	Name on Card	Exp Date	CVV (security code)