

**Office Use Only**  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_  
 SIG \_\_\_\_\_  
 ACK \_\_\_\_\_  
 RPT \_\_\_\_\_



**Orthopedic Foundation for Animals**

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www.offa.org

A Not-For-Profit Organization

**Office  
Use  
Only**

**Application for Holter Database**

**For Boxers Only**

\* Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers \*

previous application number (if any) \_\_\_\_\_

registered name \_\_\_\_\_

breed \_\_\_\_\_

ID number (if any)\*  Tattoo  Microchip

registration number  AKC  CKC  Other \_\_\_\_\_

sex \_\_\_\_\_ Color \_\_\_\_\_

date of birth (month-day-year) \_\_\_\_\_

registration number of sire \_\_\_\_\_ registration number of dam \_\_\_\_\_

\* The OFA has adopted a policy, effective January 1, 2001, acknowledging animals that have been submitted for inclusion in our databases that have permanent identification in the form of microchip or tattoo. Animals not permanently identified will continue to be evaluated; however, they will be issued a number clearly indicating that the animal has no permanent identification.

owner name \_\_\_\_\_

co-owner name \_\_\_\_\_

mailing address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_ zip/postal code \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

date of exam (month-day-year) \_\_\_\_\_

veterinarian's name or veterinary hospital \_\_\_\_\_

mailing address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_ zip/postal code \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

I hereby certify that the animal examined is the animal described on this application. I understand that this information will be part of a confidential cardiology database maintained by OFA for research purposes only and aggregate data will be released only with the approval of OFA and the American Boxer Club.

Signature of owner or authorized representative \_\_\_\_\_

**Veterinary information**

**Cardiac History**

- Asymptomatic
- Exercise intolerant
- Syncopal
- Number of episodes: \_\_\_\_\_
- Frequency: \_\_\_\_\_ per:  day  mo  yr
- Inciting circumstance \_\_\_\_\_
- Medication \_\_\_\_\_

**Heart Murmur**

- Negative \_\_\_\_\_
- Positive \_\_\_\_\_
- Echocardiography**
- Normal \_\_\_\_\_
- Abnormal \_\_\_\_\_
- AS \_\_\_\_\_ -Vmax \_\_\_\_\_
- PS \_\_\_\_\_ -Vmax \_\_\_\_\_
- Other \_\_\_\_\_

**Holter Examination**

Date of recording \_\_\_\_\_ Maximum heart rate \_\_\_\_\_  
 Total monitoring time \_\_\_\_\_ Minimum heart rate \_\_\_\_\_  
 Total analyzed time \_\_\_\_\_ Average heart rate \_\_\_\_\_

**Total Ventricular Ectopy** \_\_\_\_\_

% early/late pairs \_\_\_\_\_  
 Total runs \_\_\_\_\_ Beats in runs \_\_\_\_\_  
 Longest run \_\_\_\_\_ Fastest runs \_\_\_\_\_  
 S-T absolute \_\_\_\_\_ Depression: Elevation \_\_\_\_\_  
 Pauses > 2.5 sec \_\_\_\_\_ Longest pause \_\_\_\_\_

**Total Supraventricular Ectopy** \_\_\_\_\_

% early/late pairs \_\_\_\_\_  
 Total runs \_\_\_\_\_ Beats in runs \_\_\_\_\_  
 Longest run \_\_\_\_\_ Fastest runs \_\_\_\_\_  
 S-T absolute \_\_\_\_\_ Depression: Elevation \_\_\_\_\_  
 Pauses > 2.5 sec \_\_\_\_\_ Longest pause \_\_\_\_\_

**Interpretation:**

\_\_\_\_\_  
 \_\_\_\_\_

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

Veterinarian Signature \_\_\_\_\_ Specialty \_\_\_\_\_ Date \_\_\_\_\_

**Fees**

- Holter database ..... \$15.00

*Affected Animals are at No Charge*

## Cardiomyopathy Diagnosed Via Necropsy:

Sire:  Negative  Positive Dam:  Negative  Positive

### Siblings:

1.	Reg. number: _____	Neg: _____	Pos: _____
2.	Reg. number: _____	Neg: _____	Pos: _____
3.	Reg. number: _____	Neg: _____	Pos: _____
4.	Reg. number: _____	Neg: _____	Pos: _____
5.	Reg. number: _____	Neg: _____	Pos: _____
6.	Reg. number: _____	Neg: _____	Pos: _____
7.	Reg. number: _____	Neg: _____	Pos: _____
8.	Reg. number: _____	Neg: _____	Pos: _____
9.	Reg. number: _____	Neg: _____	Pos: _____
10.	Reg. number: _____	Neg: _____	Pos: _____

### Thyroid Status

OFA panel \_\_\_\_\_ OFA app # \_\_\_\_\_ Other \_\_\_\_\_  
Medication: \_\_\_\_\_ Normal \_\_\_\_\_ A.T. \_\_\_\_\_ I.H. \_\_\_\_\_ Equivocal \_\_\_\_\_

### Additional History:

Has this dog been bred?  Yes  No

If yes, total number of progeny:

male \_\_\_\_\_ female \_\_\_\_\_ # of litters \_\_\_\_\_ number of progeny with CM \_\_\_\_\_

### Chronic Gastrointestinal Disease:

No

Yes

Biopsy:  Yes  No Diagnosis \_\_\_\_\_