

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
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):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: _____	
Registered name:			Sex:		Other registry #: _____	
Breed:			Date of Birth (month-day-year):			
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:		Registration number of dam:	
Owner name:			Date of examination (month-day-year):			
Co-Owner name:			Examining veterinarian's name or veterinary hospital:			
Mailing address:			Mailing Address:			
City:		State:	Zip/postal code:		City:	
State:		Zip/postal code:		State:		Zip/postal code:
Phone:		E-mail:		Phone:		E-mail:

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.
 I DID verify tattoo/microchip on this dog **I DID NOT** verify tattoo/microchip on this dog

Veterinarian Signature _____ Specialty: Practitioner, Specialist Cardiologist _____ Date _____

Fees: Holter database \$15.00

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

 Visa/Master Card Number Name on Card Exp Date CVV (security code)

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 _____