

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**



Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Breed:			Sex:		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. I understand that this is an anecdotal database for research purposes at this time, and no OFA or clearance number will result from this submission.

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 _____