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

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v010122

Application for Basic Cardiac Database

Registered name:			**AKC registration number:**	**Other registry name:**	
				Other registry #:	
Breed:		**Sex:**	**Date of birth (MM/DD/YY):**		
Microchip/tattoo:			**Registration number of sire:**	**Registration number of dam:**	
Owner name:	**Co-Owner name:**		**Examining veterinary clinic:**	**Date of evaluation (MM/DD/YY):**	
Mailing address:			**Mailing address:**		
City:	**State:**	**Zip/postal code:**	**City:**	**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 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 ☐	Abnormal ☐	Arrhythmia ☐			
Murmur Grade:	I ☐	II ☐	III ☐	IV ☐	V ☐	VI ☐
PMI:	Left ☐	Right ☐	Base ☐	Apex ☐		
Timing:	Systolic ☐	Diastolic ☐	Continuous ☐			
Extra Sounds:	Click ☐	Gallop ☐	Split S1 ☐	Split S2 ☐		

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 Check one box: ❑ Practitioner, ❑ Specialist, ❑ Cardiologist Date

Fees

Animals Over 12 Months	$15.00
Litter of 3 or more submitted together	$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
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.

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Methods of Examination

Clinical Examination

1. **The clinical cardiac examination should be conducted in a systematic manner.** The arterial and venous pulses, mucous membranes, and precordium should be evaluated. Heart rate should be obtained. The clinical examination should be performed by an individual with advanced training in cardiac diagnosis. Board certification by the American College of Veterinary Internal Medicine, Specialty of Cardiology is considered by the American Veterinary Medical Association as the benchmark of clinical proficiency for veterinarians in clinical cardiology, and examination by a Diplomate of this specialty board is recommended. However, any licensed veterinarian may be able to perform this examination by auscultation.
2. **Cardiac auscultation should be performed in a quiet, distraction-free environment.** The animal should be standing and restrained, but sedative drugs should be avoided. Panting must be controlled, and if necessary, the dog should be given time to rest and acclimate to the environment. The clinician should be able to identify the cardiac valve areas for auscultation. The examiner should gradually move the stethoscope across all valve areas and also should auscultate over the subaortic area, ascending aorta, pulmonary artery, and the left craniodorsal cardiac base. Following examination of the left precordium, the right precordium should be examined.
   - The mitral valve area is located over and immediately dorsal to the palpable left apical impulse and is identified by palpation with the tips of the fingers. The stethoscope is then placed over themitral area and the heart sounds identified.
   - The aortic valve area is dorsal and 1 or 2 intercostal spaces cranial to the left apical impulse. The second heart sound will become most intense when the stethoscope is centered over the aortic valve area. Murmurs originating from or radiating to the subaortic area of auscultation are evident immediately caudoventral to the aortic valve area. Murmurs originating from or radiating into the ascending aorta will be evident craniodorsal to the aortic valve and may also project to the right cranial thorax and to the carotid arteries in the neck.
   - The pulmonic valve area is ventral and one intercostal space cranial to the aortic valve area. Murmurs originating from or radiating into the main pulmonary artery will be evident dorsal to the pulmonic valve over the left hemithorax.
   - The tricuspid valve area is a relatively large area located on the right hemithorax, opposite and slightly cranial to the mitral valve area.
   - The clinician should also auscultate along the ventral right precordium (right sternal border) and over the right craniodorsal cardiac border.
   - Any cardiac murmurs or abnormal sounds should be noted. Murmurs should be described as indicated below.
3. **Description of cardiac murmurs—A full description of the cardiac murmur should be made and recorded in the medical record.**
   - Murmurs should be designated as systolic, diastolic, or continuous.
   - The point of maximal murmur intensity should be indicated as described above. When a precordial thrill is palpable, the murmur will generally be most intense over this vibration.
   - Murmurs that are only detected intermittently or are variable should be so indicated.
   - The radiation of the murmur should be indicated.
   - Grading of heart murmurs is as follows:

     Grade 1—a very soft murmur only detected after very careful auscultation

     Grade 2—a soft murmur that is readily evident

     Grade 3—a moderately intense murmur not associated with a palpable precordial thrill (vibration)

     Grade 4—a loud murmur; a palpable precordial thrill is not present or is intermittent

     Grade 5—a loud cardiac murmur associated with a palpable precordial thrill and not audible when the stethoscope is lifted from the thoracic wall

     Grade 6—a loud cardiac murmur associated with a palpable precordial thrill and audible even when the stethoscope is lifted from the thoracic wall
   - Other descriptive terms may be indicated at the discretion of the examiner; these include such timing descriptors as: proto(early)-systolic, ejection or crescendo-decrescendo, holo-systolic or pan-systolic, decrescendo, and tele(late)-systolic and descriptions of subjective characteristics such as: musical, vibratory, harsh, and machinery.
4. **Effects of heart rate, heart rhythm, and exercise.**
   - Some heart murmurs become evident or louder with changes in autonomic activity, heart rate, or cardiac cycle length. Such changes may be induced by exercise or other stresses. The importance of evaluating heart murmurs after exercise is currently unresolved. It appears that some dogs with congenital subaortic stenosis or with dynamic outflow tract obstruction may have murmurs that only become evident with increased sympathetic activity or after prolonged cardiac filling periods during marked sinus arrhythmia. It also should be noted that some normal, innocent heart murmurs may increase in intensity after exercise. Furthermore, panting artifact may be a problem after exercise.
   - It is most likely that examining dogs after exercise will result in increased sensitivity to diagnosis of soft murmurs but probably decreased specificity as well. Auscultation of the heart following exercise is at the discretion of the examining veterinarian.
   - At this time the OFA does not require a post exercise examination in the assessment of heart murmurs in dogs; however, this practice may be modified should definitive information become available.

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Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:		
Breed:	**Sex:**	
Microchip/tattoo:		
Owner name:		
Co-owner name:		
Mailing address:		
City:	**State:**	**Zip/postal code:**
Phone:		

AKC registration number:	**Other registry name:** / **Other registry #:**	
Date of birth (MM/DD/YY):	**Date of exam (MM/DD/YY):**	
Registration number of sire:	**Registration number of dam:**	

VETERINARIAN INFORMATION

Examining veterinary clinic:		
Mailing address:		
City:	**State:**	**Zip/postal code:**
Phone:	**Fax:**	
Veterinarian e-mail:		

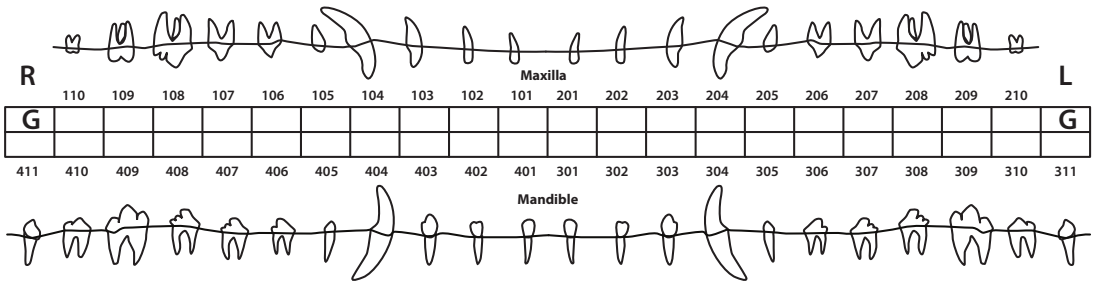
Owner e-mail. *Please print one letter/symbol per cell.*

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, the results will be released to the public.

Signature of owner or authorized representative_____

Veterinarian Dentition Examination Results

- ❑ Full dentition with all adult (permanent) teeth fully erupted
- ❑ Persistent (retained) deciduous teeth noted with a "P" on the dental chart
- ❑ Missing teeth noted with an "M" on the dental chart
- ❑ Other (please specify) _____



❑ I certify that I have completed the dental exam and marked off the appropriate exam results.
❑ **I DID** verify microchip/tattoo on this dog ❑ **I DID NOT** verify microchip/tattoo on this dog

_____
Veterinarian Signature Specialty: ❑ Practitioner ❑ Specialist Date

Fees Individual dog.....$15.00 each
A litter of 3 or more submitted together..... $30.00 total

Kennel rate:
Individuals submitted as a group, owned/co-owned by the same person
Minimum of 5 individuals..... $10.00 each

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 Type: ❑ Visa ❑ Mastercard

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Application for Patellar Luxation Database

Registered name:			AKC registration number:	Other registry name: Other registry #:	
Breed:		Sex:	Date of birth (MM/DD/YY):		
Microchip/tattoo:			Registration number of sire:	Registration number of dam:	
Owner name:			Date of evaluation (MM/DD/YY):		
Co-owner name:			Examining veterinary clinic:		
Mailing address:			Mailing address:		
City:	State:	Zip/postal code:	City:	State:	Zip/postal code:
Phone:	E-mail:		Phone:	E-mail:	

I hereby certify that the information submitted is of 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_____

Patellar Examination Results

1. Normal

❑ normal right ❑ normal left

2. Patellar Luxation

❑ bilateral	❑ right	❑ left	
❑ unilateral:	❑ medial	❑ lateral	
❑ luxated:	❑ intermittent	❑ permanent	
luxation is:	❑ < 2 months	❑ 2-6 months	
age of onset:	❑ 6-12 months	❑ > 12 months	

3. Classification of luxation

❑ ***Grade 1***—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.

❑ ***Grade 2***—There is frequent patellar luxation which, in some cases, becomes more or less permanent.

❑ ***Grade 3***—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.

❑ ***Grade 4***—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

❑ I certify that the examination was performed according to the OFA procedure.
❑ **I DID** verify microchip/tattoo on this dog ❑ **I DID NOT** verify microchip/tattoo on this dog

_____

Veterinarian Signature Specialty: ❑ Practitioner ❑ Specialist Date

Fees
Animals over 12 months.....$15.00 each
A litter of 3 or more submitted together.....$30.00 total

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

Kennel rate:
Individuals submitted as a group, owned/co-owned by the same person
Minimum of 5 individuals.....$10.00 each

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Classification

A method of classifying the degree of luxation and bony deformity is useful for diagnosis, and can be applied to either medial or lateral luxations by reversing the medial-lateral directional references. The position of the patella can most easily be palpated by starting at the tibial tubercle and working proximally along the patellar ligament to the patella.

Grade 1

The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released. No crepitation is apparent. The medial, or very occasionally, lateral deviation of the tibial crest (with lateral luxation of the patella) is only minimal, and there is very slight rotation of the tibia. Flexion and extension of the stifle joint is in a straight line with no abduction of the hock.

Grade 2

There is frequent patellar luxation which, in some cases, becomes more or less permanent. The limb is sometimes carried, although weight bearing routinely occurs with the stifle remaining slightly flexed.

As much as 30 degrees of medial tibial torsion and a slight medial deviation of the tibial crest may exist. When the patella is resting medially the hock is slightly abducted. If the condition is bilateral, more weight is thrown onto the forelimbs.

Many cases in this grade live with the conditional reasonably well for many years, but the constant luxation of the patella over the medial lip of the trochlea causes erosion of the articulating surface of the patella and also the proximal area of the medial lip. This results in creptitation becoming apparent when the patella is luxated manually.

Grade 3

The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane. Although the luxation is not intermittent, many animals use the limb with the stifle held in a semi-flexed position. Flexion and extension of the joint causes abduction and adduction of the hock. The trochlea is very shallow or even flattened.

Grade 4

The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

The patella is permanently luxated. The patella lies just above the medial condyle and a space can be palpated between the patellar ligament and the distal end of the femur. The trochlea is absent or even convex.

The limb is carried, or the animal moves in a crouched position, with the limb partly flexed.