

## Instructions for OFA PDF Fill-in Form

1. Use the provided OFA form. *Do not use the form that can be downloaded from the OFA website.*
2. The OFA form is a fill-in form for the dog and breeder information. To complete the form open it with Adobe Acrobat Reader, Preview (Apple Mac computers) or a generic PDF viewer. If unable to fill-in form, can just print as a blank form and fill in by hand. There will also be blank forms at the clinic, just bring all required information to complete the form.
3. Enlarge/zoom to  $\approx 150\text{--}200\%$  so you can easily see the different sections.
4. On the OFA Form (not this instruction sheet) Fill in the various section boxed in **red** (Fig 1). *All sections are mandatory.*
5. Start with the dog's info.
  - ♥ If registration name is long, continue in box below it.
  - ♥ Weight (estimates are fine). Don't forget to check if weight is pound or kilogram
  - ♥ Breed— Spell out, i.e., Labrador Retriever instead of "Lab"
  - ♥ For Gender use: Male= Male, Female= Female, Male, neutered= MN, Female, spayed= FS
  - ♥ Sire and Dam Registration #
  - ♥ Registration #, Check box if AKC or other.
  - ♥ Microchip#, Check box if ID is Chip or Tattoo. If no ID the write "no ID"
  - ♥ Date of Birth and Date of Exam (using mm/dd/yy format)
6. Fill out your name and info.
7. If doing multiple dogs:
  - ♥ Once the first dog is complete, save copy using "Save as" naming the document with the format "YOUR LAST NAME, Dog's Call name" Example: SMITH, Katniss
  - ♥ Save to a folder or desktop on your computer you have easy access to.
  - ♥ Use the first completed form as the template, then for the other dogs, just change the variables for the new dog. (your name, address, breed, date of exam, should stay the same), "save as" again, name new document, then continue until done (make sure to "save as" or will over-write the completed form for another dog).
  - ♥ If done correctly you should have a completed PDF document for each dog.
8. Final step, at the top of the middle section, select whether this is an OFA Advanced or Basic Examination (see Figure 2). The difference between an OFA and Basic Examination is explained in a separate document.
9. Once form(s) are completed print from your home computer, sign the form (it is just an application) and bring to the clinic.
10. Once I complete the form send it to OFA (info at the top left section of the form) for them to register and generate your Cardiac OFA certificate. A copy of the back page of the OFA from will be available at the clinic if needed.

Figure 1: Section to fill-in on OFA Form

**Orthopedic Foundation for Animals**  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573) 875-5073  
 www.ofa.org, A not-for-profit organization

Registered name: \_\_\_\_\_  
 Call name: \_\_\_\_\_ Weight: ☐ kg ☐ lbs ☐ Estimate  
 Breed: \_\_\_\_\_  
 Sire Registration #: \_\_\_\_\_ Dam Registration #: \_\_\_\_\_  
 Registration #: ☐ AKC ☐ Other \_\_\_\_\_  
 Microchip/Tattoo #: ☐ Microchip ☐ Tattoo \_\_\_\_\_  
 Date of Birth: (MM/DD/YY) \_\_\_\_\_ Date of Exam: (MM/DD/YY) \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. \_\_\_\_\_  
 Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) \_\_\_\_\_

Cardiologist Name: \_\_\_\_\_  
 Dr: J. A. Woodfield  
 Phone #: (206) 781-7021 OFA Examiner #: C/W-05  
 E-Mail: \_\_\_\_\_  
 nwcadiology@icloud.com

Fees and credit card information on back of WHITE sheet.  
 05/03/20

Figure 2

## Application for OFA Cardiac Database

☐ Advanced ☐ Basic



## Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

[www.offa.org](http://www.offa.org), A not-for-profit organization

# Application for OFA Cardiac Database

## Advanced Basic

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



|                                                                                        |                                                                                                    |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Registered name:                                                                       |                                                                                                    |
|                                                                                        |                                                                                                    |
| Call name:                                                                             | Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate |
| Breed:                                                                                 | Gender:                                                                                            |
| Sire Registration #:                                                                   | Dam Registration #:                                                                                |
| Registration #: <input type="checkbox"/> AKC <input type="checkbox"/> Other            |                                                                                                    |
|                                                                                        |                                                                                                    |
| Microchip/Tattoo #: <input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo |                                                                                                    |
|                                                                                        |                                                                                                    |
| Date of Birth: (MMDDYY)                                                                | Date of Exam: (MMDDYY)                                                                             |
|                                                                                        |                                                                                                    |

|                |             |                  |
|----------------|-------------|------------------|
| Owner Name:    |             |                  |
| Co-Owner Name: | Phone:      |                  |
| Owner Address: |             |                  |
| City:          | State/Prov: | Zip/Postal Code: |
| E-Mail :       |             |                  |
|                |             |                  |

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) \_\_\_\_\_

|                    |                 |
|--------------------|-----------------|
| Cardiologist Name: |                 |
| Phone #:           | OFA Examiner #: |
| E-Mail :           |                 |
|                    |                 |

|                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Genetic Test Status: Test _____                                                                                                                                                      |  |
| Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>                                                                |  |
| <b>EXAMINATION FINDINGS</b>                                                                                                                                                          |  |
| <b>AUSCULTATION</b>                                                                                                                                                                  |  |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Arrhythmia <input type="checkbox"/>                                                                                |  |
| Murmur Grade: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> |  |
| PMI: Left <input type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>                                                        |  |
| Timing: Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/>                                                                     |  |
| Extra Sounds: Click <input type="checkbox"/> Gallop <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/>                                     |  |
| <b>ECHOCARDIOGRAM <input type="checkbox"/> NOT PERFORMED</b>                                                                                                                         |  |
| RA: Normal <input type="checkbox"/> Enlarged _____mm RV: Normal <input type="checkbox"/> enlarged _____mm                                                                            |  |
| TV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |  |
| TR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____m/s     |  |
| LA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |  |
| LAd _____mm: SAx <input type="checkbox"/> LAx <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>                                                      |  |
| MV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |  |
| MR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____m/s     |  |
| LV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |  |
| LVIDd: _____mm MM <input type="checkbox"/> 2D <input type="checkbox"/> LVIDs: _____mm MM <input type="checkbox"/> 2D <input type="checkbox"/>                                        |  |
| SF: _____% (MM <input type="checkbox"/> 2D <input type="checkbox"/> EF: _____% (MM <input type="checkbox"/> 2D <input type="checkbox"/> volumetric)                                  |  |
| ESVI: _____mL/m <sup>2</sup> Sphericity Index _____ EPSS: _____mm                                                                                                                    |  |
| IVS: IVSd _____mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>                                         |  |
| PW: PWd _____mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>                                           |  |
| PapMuscle: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>                                                                                                         |  |
| LVOT Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other _____                                                                    |  |
| AoV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                       |  |
| Ao Diameter: _____mm LA/Ao: _____ Method: _____                                                                                                                                      |  |
| AoV/LVOT Vel: Normal <input type="checkbox"/> Abnormal: (Apical <input type="checkbox"/> Subcostal <input type="checkbox"/> _____m/s                                                 |  |
| DLVOTO: <input type="checkbox"/> Vmax _____m/s SAM: <input type="checkbox"/>                                                                                                         |  |
| AR: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____m/s                                           |  |
| RVOT: Normal <input type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) _____m/s                                                                    |  |
| DRVOTO: <input type="checkbox"/> Vmax _____m/s                                                                                                                                       |  |
| PV: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                |  |
| PV Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/> _____m/s                                |  |

|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELECTROCARDIOGRAM (ECG)</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> not performed                                                            |                                                                                                                                                                                                                                                                                                                                                                               |
| Date:                                                                                                                                                               | Method:                                                                                                                                                                                                                                                                                                                                                                       |
| HR: _____bpm                                                                                                                                                        | Rhythm:                                                                                                                                                                                                                                                                                                                                                                       |
| <b>HOLTER ECG</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                               |
| Date performed: _____ <input type="checkbox"/> pending <input type="checkbox"/> not performed                                                                       |                                                                                                                                                                                                                                                                                                                                                                               |
| normal: <input type="checkbox"/> equivocal: <input type="checkbox"/> abnormal: <input type="checkbox"/> (see Holter report for details)                             |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>EXAMINATION RESULTS</b>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> <b>NORMAL</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> No evidence for congenital heart disease                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> No evidence for adult onset inherited heart disease                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> <b>Valid for 1 year</b> (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance) |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> <b>EQUIVOCAL</b>                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded                                             |                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> <b>ABNORMAL</b><br>(evidence of congenital or adult onset inherited heart disease)                                                         |                                                                                                                                                                                                                                                                                                                                                                               |
| Diagnosis:                                                                                                                                                          | <input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> HCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD<br><input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD<br><input type="checkbox"/> Other _____ |
| Severity:                                                                                                                                                           | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe                                                                                                                                                                                                                                                                               |
| Comments (additional findings which would not result in a final abnormal diagnosis): NWCC Exam#:<br>_____<br>_____<br>_____<br>_____<br>_____                       |                                                                                                                                                                                                                                                                                                                                                                               |

|                          |                                               |
|--------------------------|-----------------------------------------------|
| <input type="checkbox"/> | I DID verify microchip/tattoo on this dog     |
| <input type="checkbox"/> | I DID NOT verify microchip/tattoo on this dog |
| <input type="checkbox"/> | <b>NO MICROCHIP/TATTOO PRESENT</b>            |

|                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Signature _____                                                                                                                                                         |  |
| Date _____                                                                                                                                                              |  |
| Diplomate ACVIM ( American College of Veterinary Internal Medicine – Cardiology),<br>or Diplomate ECVIM (European College of Veterinary Internal Medicine – Cardiology) |  |

### OFA Advanced Cardiac Clearance Database Fees

- Animals over 12 months of age ..... \$15.00
- Litter of 3 or more submitted together ..... \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. .... \$7.50 ea.
- Submission of non-passing results in the open database:  
NO CHARGE

### Credit Card Payment Information

*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. To pay by credit card, fill out the following information.*

Visa/Master Card Number (1 digit per cell, no dashes)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Cardholder name:

---

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Exp. (MM|YY)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

CVV

### Abbreviations of diseases listed on front page

**ARVC:** Arrhythmogenic right ventricular cardiomyopathy

**ASD:** Atrial septal defect

**DCM:** Dilated cardiomyopathy

**DMVD:** Degenerative mitral valve disease

**HCM:** Hypertrophic cardiomyopathy

**PDA:** Patent ductus arteriosus

**PS:** Pulmonic stenosis

**SAS/AS:** Subaortic stenosis/aortic stenosis

**TVD:** Tricuspid valve dysplasia

**VSD:** Ventricular septal defect

### Purpose of cardiac health screening in dogs

- To identify dogs free from any cardiac abnormality
- To ascertain the prevalence of heart murmurs, abnormal rhythms or specific heart defects in specific breeds
- To confirm the cause of heart murmurs or abnormal rhythms by further investigation of affected animals
- To collate data for investigation of a possible genetic basis to a specific heart problem in a given breed
- To advise the owner, breeder and dog's veterinarian when an abnormality has been identified and recommendations about any further investigation, if indicated

### Methods of heart testing

#### 1. **Auscultation: examination with a stethoscope**

Auscultation allows detection of heart murmurs, the specific timing and localization as well as grading of intensity (grade 0 - 6). The heart rhythm is also assessed during auscultation. Heart murmurs occur with many congenital heart defects and adult onset inherited cardiac diseases such as degenerative mitral valve disease (DMVD). Some common forms of congenital heart disease include subaortic stenosis (SAS), patent ductus arteriosus (PDA), pulmonic stenosis (PS) and tricuspid valve dysplasia (TVD). Abnormal heart rhythms may occur in animals without murmurs in dilated cardiomyopathy (DCM) or arrhythmogenic right ventricular cardiomyopathy (ARVC). It may be difficult for the veterinarian to detect a soft murmur in a noisy room or in a dog that is squirmy. Some murmurs may change intensity at different heart rates, after exercise or excitement.

#### 2. **Electrocardiogram (ECG)**

This is always indicated if an abnormal heart rhythm is detected. It is most often used to screen certain breeds of dogs for DCM or ARVC.

#### 3. **Echocardiogram (with Doppler)**

Echocardiography allows visualization the heart chambers and valves in real-time. M-mode is used for measurements to be taken and compared with normal values for breed or size of dog. Doppler is required to confirm the diagnosis of a specific type of congenital defect and to identify mildly versus severely affected animals. In some cases, it is difficult to be certain whether a dog has mild disease or an "innocent" murmur.

#### 4. **Holter ECG (separate report required)**

This test is indicated in breeds predisposed to DCM or arrhythmogenic right ventricular cardiomyopathy. Affected dogs may display ventricular arrhythmias early in the disease process, when the echocardiogram does not reveal any abnormalities yet. A Holter (24h ECG) allows detection of infrequent, but significant arrhythmias.

**For final clearance a 24 hour Holter is required in Boxers and Doberman Pinschers.**

Adult onset of inherited heart disease can appear at any age of an adult dog or cat. Testing for DCM, ARVC, MVD and HCM is thus only valid for 1 year, after which time retesting is required to screen for onset of new abnormalities.