

Feline Congenital Exam



ACVIM Registry of Companion Animal Health

To complete the certification process, send this form and payment to:
 4425 S. Mopac Expy, Ste. 600 Austin, TX 78735 512-535-5611
 To purchase certificate on-line, go to www.ARCHcertify.org
Required fields are denoted with * and are in bold.



Demographic Information

Animal Information:

*Registered Name: _____

*Registration #: _____ CFA TICA

Other ID #: _____ Microchip Tattoo

Gender: _____ Birthdate: _____

Breed: _____

Fees:

\$15-Preliminary Congenital (<12 months)
 \$15-ARCH Cardiac Certification
 No charge for Affected animals

Owner Information:

*Last Name: _____ First Name: _____

*Email: (print clearly) _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Co-Owner Name: _____

Cardiologist Information:

Name: _____

Clinic Name: _____

Phone #: _____

*Required Congenital Exam Results

Auscultation:

Result: Normal Murmur Diastolic Gallop

Echocardiogram:

Result: Normal Abnormal Uncertain No Echo performed

Congenital Findings:

Normal Exam: No evidence for congenital heart disease.

Uncertain Exam: Congenital heart disease cannot be definitively diagnosed or excluded.

Affected Exam: Evidence of congenital heart disease is present.

Severity: Mild Moderate Severe Diagnosis(es): _____

Exam Quality: Poor Degraded Good Excellent

Optional - Detailed Exam Information

Auscultation:

Grade (1-6): _____

Timing: Systolic Diastolic Continuous

Primary PMI: Left parasternal Right parasternal

Extra Sounds: Click Split S1 Split S2 S3/S4

Echocardiogram:

Method Obtained: Manual restraint Sedation required

Systolic anterior motion of the mitral valve: Present Absent

If Present, enter the LVOT velocity (m/s): _____

LVd:(mm) _____ LAD:(mm) _____

LVs:(mm) _____ AoD:(mm) _____

IVSd:(mm) _____ LVPWd:(mm) _____

Other:

Mucous Membranes: Pink Pale pink Injected Cyanotic Precordial Palpitation: Normal R > L Thrill

PMI: Left base Left apex Left midheart Right midheart Right sternal border

Jugular vein inspection: Not done Normal Pulses/distension Other Arterial pulse: Not done Normal Hypokinetic Hyperkinetic Other

*Certification

Cardiologist:

I certify that I examined this animal and my findings are correctly represented here. I further understand these results will be entered into the ARCH registry where the animal's owner may obtain a certified copy of the findings.

Signed by: _____

Date: _____

DO NOT RETURN COMPLETED FORM TO OWNER