

Cardiology Northwest

10629 SW Barbur Boulevard, Portland, OR 97219



Cardiac Examination Certificate

Registered Name _____ Call Name _____

AKC/CKC _____ Microchip number _____ [] Confirmed

Breed _____ Sex _____ DOB _____ Color _____

Owner(s) Name(s) _____ Phone _____

Address _____

Heart rate _____ Quality of auscultation [] Good [] Fair [] Challenging

Respiration [] Normal [] Panting [] Other _____

Mucous membrane color [] Pink [] Pale Pink [] Pale [] Cyanotic [] Other _____

Femoral pulse [] Normal [] Weak [] Bounding [] Deficit [] Other _____

Auscultation

[] Normal heart sounds, no audible murmur _____

[] Soft murmur, grade 1 or 2 _____

[] Moderate or loud murmur, grade 3 or louder _____

[] Comments _____

Opinion

[] Normal cardiac examination; no evidence of congenital heart disease.

[] Equivocal cardiac examination; congenital heart disease can neither be diagnosed nor excluded based on this examination.

[] Abnormal cardiac examination; congenital heart disease present.

[] Comments _____

Recommendations

[] No further examination required.

[] Re-examination after one year of age.

[] Cardiac work-up with Doppler echocardiogram by Veterinary Cardiologist.

[] Annual cardiac examination.

[] Comments _____

Date _____

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