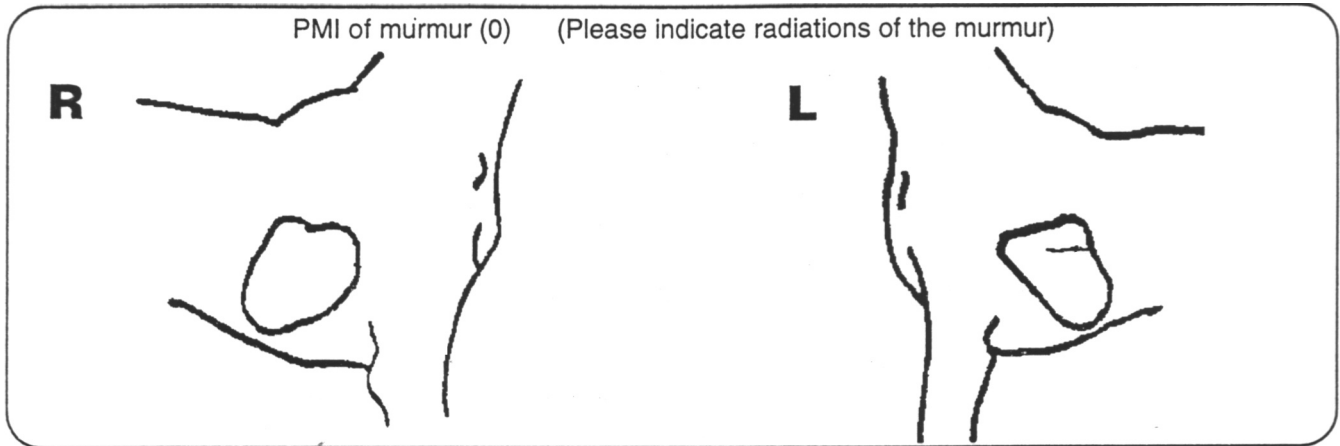


BOARD-CERTIFIED VETERINARY CARDIOLOGIST'S EXAMINATION FORM

Date of Exam.: _____ Place of Exam. (City, State): _____
 Owner's Name: _____
 Owner's Address: _____
 Owner's Phone No.:(_____) _____ E-mail: _____ FAX:(_____) _____
 Dog's Reg. Name: _____ Dog's Call Name: _____
 Dog's Sex: _____ Spayed/Neutered: (Yes_____) (No_____) Color: _____
 Dog's CKCSC Reg./PEN No. (important, if available), AKC/CKC Reg. No. or other: _____
 Sire's Reg. No. _____ Dam's Reg. No.: _____
 Dog's Date of Birth: _____ Dog's Age: _____ yrs. _____ mos. Microchip/Tattoo No.: _____

TRANSIENTS: Split S-1 Split S-2 Syst Click Diast Gallop
MURMUR – GRADE: 0 1 2 3 4 5 6



THRILL: 0 + ++ +++ (Please mark location with X)
TIMING: Proto S Holo S Pan S Proto D Pan D
SHAPE: Band Cres Cres/Dec Dec
QUALITY: Coarse Soft Blowing Ejection Musical Other
LUNGS: Clear Crackles Wheezes Bronchial Rubs

OTHER PHYSICAL FINDINGS

ALL NORMAL:
 ALL NORMAL EXCEPT:
 PMI Apex Beat _____
 Mucous Membrane Color _____
 Pulse Quality _____
 Pulse Synchronous _____
 Heart Rate _____
 Heart Rhythm _____

Examined by: _____ Cardiologist's Name: _____ DACVIM (Cardiology)
 Address: _____
 City, State, ZIP: _____
 Phone: (_____) _____
 Signature (Please use blue ink): _____