



ACVIM Registry of Cardiac Health

To complete the certification process, send form to:
815 Brazos Street Ste. 204*Austin, TX 78701*512-535-5611
To verify certificate authenticity please logon to www.archcertify.org



Demographic/Signalment Information

Identifiers:		Signalment:	
Primary Identifier:	Type (AKC, CFA, etc.):	Gender:	Species: dog
Other Identifier:	Type (AKC, CFA, etc.):	Birthdate: --	
Registered Name:		Breed:	
Owner Information:		Cardiologist Information: (Name only required)	
Name:		Name:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email Address:		Email Address:	
ARCH Cardiac Cert-\$20 / Preliminary Congenital (<12mo)-\$15		(no charge for affected animals)	

Congenital Exam Results

Auscultation:	Other:		
Result: <input type="checkbox"/> Normal <input type="checkbox"/> Murmur Pant: <input type="checkbox"/>	Mucous Membranes: <input type="checkbox"/> Pink <input type="checkbox"/> Pale pink <input type="checkbox"/> Injected <input type="checkbox"/> Cyanotic		
Extra Sounds: <input type="checkbox"/> Click <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/> S3/S4	Precordial Palpation: <input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> Thrill		
Grade: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	PMI: <input type="checkbox"/> Left base <input type="checkbox"/> Left apex <input type="checkbox"/> Left midheart		
Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/> To and Fro	<input type="checkbox"/> Right midheart <input type="checkbox"/> Right sternal border		
Location: <input type="checkbox"/> Left base <input type="checkbox"/> Left apex <input type="checkbox"/> Left midheart	Jugular vein inspection: <input type="checkbox"/> Not done <input type="checkbox"/> Normal <input type="checkbox"/> Pulses/distension <input type="checkbox"/> Other		
<input type="checkbox"/> Right midheart <input type="checkbox"/> Right sternal	Arterial pulse: <input type="checkbox"/> Not done <input type="checkbox"/> Normal <input type="checkbox"/> Hypokinetic <input type="checkbox"/> Hyperkinetic <input type="checkbox"/> Other		
Echocardiogram:	Method Obtained: <input type="checkbox"/> Manual restraint <input type="checkbox"/> Sedation required		
Results: <input type="checkbox"/> No echo performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
If Sedated, provide drug(s) and dosage(s) administered:			
(SAS Exam only) LVOT velocity (m/s):	(SAS Exam only) Location LVOT measure: <input type="checkbox"/> Left apical <input type="checkbox"/> Subcostal		
LVd:(mm)	LAD:(mm)	IVSd:(mm)	FS:
LVs:(mm)	AoD:(mm)	LVPWd:(mm)	LA: Ao

Congenital Findings

Normal Exam: No evidence for congenital heart disease. / (SAS Exam) No evidence for congenital subaortic stenosis.

Uncertain Exam: (Generic Exam) Congenital heart disease cannot be definitively diagnosed or excluded.
(SAS Exam) Congenital subaortic stenosis cannot be definitively diagnosed or excluded.

Affected Exam: (Generic Exam) Evidence of congenital heart disease is present. (Complete lines below)
(SAS Exam) Evidence of congenital subaortic stenosis is present. (Complete lines below)

Severity: Mild Moderate Severe

Diagnosis(es):

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: _____

Exam Quality: Poor Degraded Good Excellent

Comments: