



## 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](http://www.archcertify.org)



### Demographic/Signalment Information

**Identifiers:**

Primary Identifier: \_\_\_\_\_ Type (AKC, CFA, etc.): \_\_\_\_\_

Other Identifier: \_\_\_\_\_ Type (AKC, CFA, etc.): \_\_\_\_\_

Registered Name: \_\_\_\_\_

**Signalment:**

Gender: \_\_\_\_\_ Species: cat

Birthdate: --

Breed: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cardiologist Information: (Name only required)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ARCH Cardiac Cert-\$20 / Preliminary Congenital (<12mo)-\$15**
**(no charge for affected animals)**

### Congenital Exam Results

**Auscultation:**

 Result:  Normal  Murmur  Diastolic Gallop

 Extra Sounds:  Click  Split S1  Split S2  S3/S4

 Grade:  I  II  III  IV  V  VI

 Timing:  Systolic  Diastolic  Continuous

 Location:  Left parasternal  Right parasternal

**Other:**

 Mucous Membranes:  Pink  Pale pink  Injected  Cyanotic

 Precordial Palpatation:  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

**Echocardiogram:**

 Results:  No echo performed  Normal  Abnormal  Uncertain

 Method Obtained:  Manual restraint  Sedation required

If Sedated, provide drug(s) and dosage(s) administered: \_\_\_\_\_

 Systolic anterior motion of the mitral valve:  Present  Absent

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

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.

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

 **Affected Exam:** (Generic Exam) Evidence of congenital heart disease 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:** \_\_\_\_\_