

HEART AUSCULTATION CAVALIER KING CHARLES SPANIEL

To be completed by the owner – bring completed

Owner's Name: _____

Registered name: _____

Male/ Female / Intact / Neutered Date of Birth: ____ / ____ / ____

Registered Pedigree nr: _____

Chip/IDnr: _____

By signature the owner confirms that the dog presented for the examination, is the dog described above. Also, he/she gives the authorization to use the data on this form for the databases of the The Cavalier Club Nederland. The dog or owner's personal information will never be made public.

Date: _____ Owner's signature: _____

To be completed by the veterinarian:

The above data is by date: _____ checked by employee: _____

Signature and stamp of the clinic _____

To be completed by the veterinary Cardiology specialist/internal medicine:

1. A heart murmur was observed at above dog YES / NO
Date of examination _____

If a heart murmur was observed:

2. Diastolic / systolic / continuous by nature

3. Place of the punctum maximum:

pulmonalis / aorta / mitral valves / tricuspidal valves

4. Intensity of heart murmur: / 6

5. This type of heart murmur fits myxomatosis mitral valve degeneration YES / NO

If the dog is younger than 5 years or if the murmur does not fit mitral valve degeneration a heart echo is recommended by a specialist veterinary cardiology.

Signature and stamp of the clinic/veterinary Cardiology specialist/internal medicine:
