



# 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)

Required fields are denoted with \*



## Demographic/Signalment Information

### Animal Information:

\*Primary ID: \_\_\_\_\_ Type of ID (AKC, chip): \_\_\_\_\_

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

### Signalment:

Gender: \_\_\_\_\_ Species: dog

Birthdate: --

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

### Owner Information:

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

Phone #: \_\_\_\_\_

\*Email: \_\_\_\_\_

### Cardiologist Information:

\*Name: Bill Herndon

\*Phone #: 760-734-4433

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

ARCH Cardiac Certification-\$20

(no charge for affected animals)

## Adult Exam Results

### Auscultation:

Result:  No Murmur  Murmur Pant:

Extra Sounds:  Click  Split S1  Split S2  S3/S4

Grade:  I  II  III  IV  V  VI

Timing:  Systolic  Diastolic  Continuous  To and Fro

Primary PMI:  Left base  Left apex  Left midheart

Right midheart  Right sternal

### Echocardiogram:

Results:  No echo performed  Normal  Abnormal

### ECG:

Heart Rate: (bpm) \_\_\_\_\_ Rhythm: \_\_\_\_\_

Mean electrical axis:  Normal  Right axis deviation  Left axis deviation

### Comments:

Method Obtained:  2D  M-Mode

LVd:(mm) \_\_\_\_\_

LAD:(mm) \_\_\_\_\_

IVSd:(mm) \_\_\_\_\_

LVs:(mm) \_\_\_\_\_

AoD:(mm) \_\_\_\_\_

LVPWd:(mm) \_\_\_\_\_

## Adult Findings

**Unaffected:** No evidence of adult onset valve disease based on auscultation.

**Unaffected:** Heart murmur or click present; echocardiography does not indicate adult onset valvular disease.

**Affected Exam:** Typical murmur of valvular insufficiency present; adult onset valvular disease diagnosed based on auscultation.

**Affected Exam:** Heart murmur or click present; echocardiography indicates adult onset valve disease. (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: \_\_\_\_\_

**DO NOT RETURN COMPLETED FORM TO OWNER.**