

HCM/RCM screening within health programme Participating clubs: see http://www.pawpeds.com/healthprogrammes/hcmclubs.html

Visit http://www.pawpeds.com/healthprogrammes/ for more information

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Patient Information	Owner's name
Cat's registered name	Address
Registration number	Post code/City/State
ID number, microchip or tattoo	Country
Breed of cat	Phone (including country code)
Male Not altered Female Altered	Email
Born (year-month-day)	I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cats health status and if it is on medication. I am
Sire	aware that the results will be retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form.
Dam	Signature Date
Examination	Examination date (year-month-day)
Sedated Yes, with:	Examination equipment No
On medication	No
Yes, with: Auscultation:	Gallop
Heart rate bpm Murmur, chara	racteristics
Dehydrated Pregnant Timing:	II III IV V VI Dynamic Static Systolic Diastolic Both Continuous Left apex (sternum) Left Base Other, describe
ECG Heart Frequency	Subjective left atrial size
	Normal P-D Mild enlargement
	Moderate enlargement
LVFWd M-mode 2-	Severe enlargement
IVSs M-mode 2-	Systolic anterior motion of the mitral valve yes no
LVIDs M-mode 2-	If yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration yes no
LVFWs M-mode 2-	Papillary muscles
SF	Normal
	P-D Abnormal, moderate enlargement Abnormal, severe enlargement
	P-D
LA/Ao	
Assessment (based on phenotyp	De) Comments
Normal Equivocal HCM Mild Moderate Severe RCM Other, describe	
PawPeds' examination instructions has been followed	Veterinarian's name, clinic's name and address
Cat's identity verified yes no, describe why not	
Veterinary's signature Date	

For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden