

Premium List for

Boofest 2007

The Western Regional Silken Windhound Specialty

Sponsored by:



And

The Silken Windhounds of California

Saturday, October 20th ~ Sunday, October 21th

at

Contra Costa County Fairgrounds

1201 West 10th Street, Antioch, CA 94509

<http://www.ccfair.org/>

Officers of the ISWS

President.....	Chris Swilley
Vice President.....	Karen Sanders
Recording Secretary.....	Bobbie Deis
Corresponding Secretary.....	Vickey Patridge
Treasurer.....	Alison Brendel, DVM

<http://www.silkenwindhounds.org/>

Official Photographer

Dave Mills Photographic Art – Dave Mills

Saturday & Sunday

<http://www.pixf.com/>

Champion photos will be taken directly after the conformation show. As a courtesy to our photographer, no personal photography will be allowed at this time. Dave is also willing to set up time to take pictures of your dogs outside the ring for portraits and candids on Saturday. Contact him to set that up.

Area Veterinarians

- Antioch * East Bay Veterinary Emergency 1312 Sunset Drive, Antioch, CA 94509
Phone: 925 754-5001
- More vets listed at: <http://www.co.contra-costa.ca.us/depart/animal/vets.html>

Exhibitors should follow their veterinarians' recommendation to assure their dogs are free of internal and external parasites, any communicable diseases, and have appropriate vaccinations.

Notice to Exhibitors

The ISWS, its officers and directors and the Boofest Committee will not be responsible for dogs or personal property, nor do they assume responsibility for a wrong entry.

Entries: Exhibitors are advised to print all unusual words when filling out entry forms. Entries will be put in the catalogue EXACTLY as they are listed on the entry forms. Owners are responsible for errors in the entry forms. No dog wrongly entered in a class may be transferred to another class after close of entries. No entry may be changed or canceled unless notice of the change or cancellation is received in writing or via email by the Show Secretary as listed in this premium. Entries will not be accepted without the proper signature and fees. Entries must be submitted on approved entry forms, unless they are approved by the Show Secretary as listed in this premium. **No entry fee will be refunded** in the event a dog is absent, disqualified, excused by Veterinarian or Judge, or barred from competition by action of any member of the ISWS Board, the Show Secretary, or any member of the Boofest Committee. No entry fees will be returned if the show cannot open or be completed by reasons beyond the control of the management. Extreme weather conditions, such as, but not limited to, snow storms, hurricanes, lightning, extreme heat or cold, must be considered for the health and safety of the dogs, exhibitors and spectators. The well-being of dogs, exhibitor and spectators is of paramount importance and, in the event it is necessary to cancel or stop the show before completion, no refund of entry fees will be made.

Declination of Entries: The International Silken Windhound Society and the Boofest Show Committee reserve the right to decline or remove any dog due to disease, viciousness, or other cause and no one shall have any claim against the aforementioned club, committee, or any official thereof. No refund of any entry fees will be made.

Exhibitor Responsibilities: All dogs present must be held on leash or confined to their crates while on the premises. It is expressly understood that the exhibitors alone are responsible for the behavior of their dogs and/or children. **Each Owner and Agent** listed on the entry form and/or individual responsible for the dog at a show is bound by the Agreement below as well as the fairground policies for the use of their facilities regardless of who may have completed and submitted the entry form. **The Club, Show Secretary, their Agents, and Employees** assume no responsibility for injury to dogs or attendees. **The ISWS, its officers and directors and the Boofest Committee will not be responsible for any loss, damage or injury sustained by exhibitors, handlers, attendees' dogs or property. Judges will not wait** for any dog holding up a class. Owners or agents alone are responsible for the presence of their dogs in the ring when their classes are called to be judged. **No Smoking** under any show tent. Crates are not allowed under judging tents, nor are spectators, attendees, or photographers. Please remember to turn off cell phones and/or pagers before entering the ring.

Agreement

I/we agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I/we agree to hold the ISWS, their members, directors, governors, officers, agents, superintendents, event secretaries and committee members, as well as the owner/lessee of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, including judges, secretaries, and stewards, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I/we personally assume all responsibility and liability for any such claim; I/we further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog.

Additionally, I/we hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time resulting there from, sustained by any person or persons, including myself/ourselves, or on account of damage to property, arising out of or in consequence of my/our participation in this event, however such injuries, death or property damage may be caused, and whether or not the same parties or any of their employees, agents, or any other persons. **I/we agree that any cause of action, controversy or claim arising out of or related to the entry, exhibition or attendance at the event between the ISWS and the Boofest Committee, and myself/ourselves or as to the construction, interpretation and effect of this agreement shall be settled by arbitration pursuant to the applicable rules of the American Arbitration Association.**

I also agree to abide by the fairground policies for the use of their facilities.

Your signature on the Registration and Entry form indicates your agreement to abide by all the statements set forth on the "Agreement" and "Notice to Exhibitors," as well as the fairground policies. If you are submitting electronically, your X on the signature line stands in lieu of your written signature. Registration and Entry forms without a signature will not be considered valid entries.

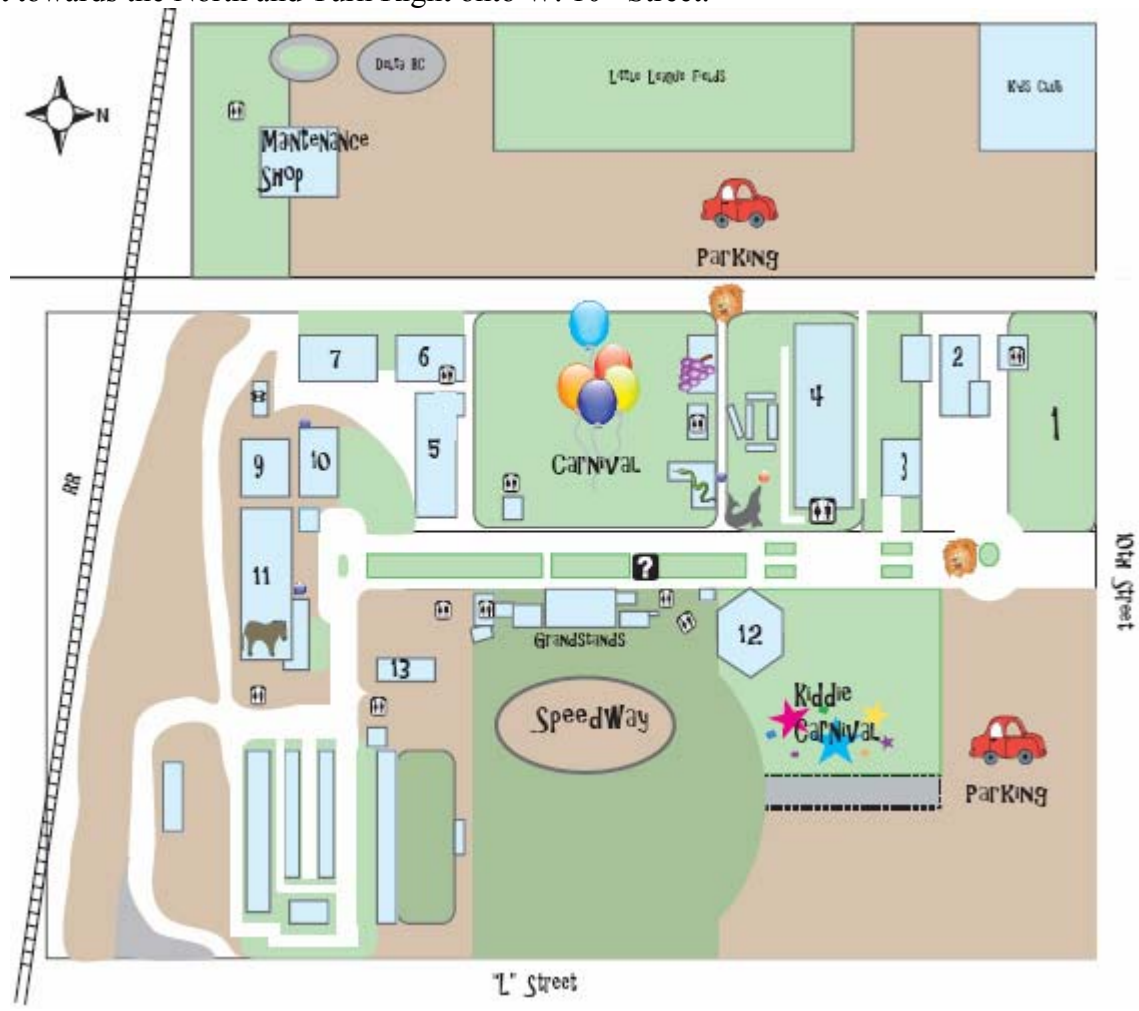
Contra Costa Fairgrounds Information

Parking Parking is permitted on black top and gravel lots. During large events, grassy areas may be authorized for parking and will either be marked or someone from the host club will direct guests to an authorized area.

Waste Containers are placed throughout the grounds. **PLEASE PICK UP AFTER YOUR PET.**

Directions to Contra Costa Fairground

Located 40 miles East of San Francisco, 30 miles East of Oakland, 70 miles South of Sacramento and 38 miles West of Stockton. Contra Costa Fairground is easy to reach from Highway 4. Take the Somersville Road Exit towards the North and Turn Right onto W. 10th Street.



Accommodation Information

It is the Exhibitor's responsibility to contact the hotels/RV Sites/KOAs directly for reservations, pet policies, fees, and restrictions. **PLEASE clean up after your dog and be courteous to other hotel guests so that we may use these facilities for future events.**

Hotels

The following hotels are located near the Contra Costa Fairground.

Best Western Heritage Inn 925-778-2000 3210 Delta Fair Blvd. Antioch Ca. 94509 http://heritagehotelgroup.com/co_bwheritageantioch.htm \$15 non refundable pet deposit AAA rate is \$87.50 per night	Ramada Inn 2436 Mahogany Way 925-754-6600 Antioch, CA 94509 http://cendant.netopia.com/antioch00252/hotelhome/ \$50 non-refundable pet deposit AAA rate quoted is \$69 with 2 beds
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RV Parking

RV Parking is available on a first come, first served basis. The cost is \$20.00 a night and will be paid upon arrival.

KOAs and Local Campgrounds

For cushier camping, try the KOA West: <http://www.koa.com/where/CA/05447/> KOA does allow dogs. There is a dog rule sheet on their website, with more specific info at time of reservation. They are concerned more for barky dogs and dogs that look like fighting dogs.

Advertising

Full page	\$20.00
Half page	\$15.00
Business Card	\$5.00
Please submit your ads in Word, PDF, or Photoshop format. Ads are due October 1, 2007. This is a firm deadline, THERE WILL BE NO EXCEPTIONS.	
We will also be accepting Kennel Biographies . These can be a short history of your kennel, your goals, breeding ethics, etc. These are free of charge, can contain one picture or logo, and must be no longer than half a page, approximately 300 words. Biographies are due October 1, 2007. This is a firm deadline. THERE WILL BE NO EXCEPTIONS.	
Please send all ads and bios to tangaloor@yahoo.com , along with your payment. Ads will be held until payment is received. If payment is not received by midnight on October 1, 2007, the ad will NOT be included in the catalogue. No refund will be given.	

You can pay for your ad on page 11 of this premium.

Agenda

(This agenda is tentative. Final Agendas will be posted at the site.)

Saturday – Fun Clinic Day

Time TBA – Heart Exams, Dr. Kienle More information on the cost of health clinics to follow

10:00 -4:00 - Eye Exams, Dr. Good More information on the cost of health clinics to follow

Time TBA – Thyroid Test, Dr. Kienle More information on the cost of health clinics to follow

Costume Class at Noon during the BBQ Lunch

Clinics on grooming, handling and showing your silken

Sunday – Show Day

9:00 –Conformation Show

Clinic With UC Davis on the Genome Study

Puppy Evaluation and Selection

Silken Movement Clinic

Conformation Classifications **Regular Classes, dogs and bitches**

(Puppy classes are for those puppies that will be of age at the time of the show, not at the time of registration.)

Puppy Class, 6 – 9 months

Puppy Class, 9 – 12 months

Puppy Class, 12 – 18 months

(First Place in each puppy class will compete for Best Puppy in Show.)

Novice

Bred by Exhibitor

American Bred

Open Class

Winners

Best of Breed

Best of Breed Competition

(ISWS Champions of record and undefeated dogs only.)

Non-Regular Classes

Puppy Class, 3 – 6 months

Companion Class

Best Companion, Best Opposite

Veteran Class

Best Veteran, Best Opposite

Best Bred By, Best Opposite

(First Place in each puppy class will compete for Best Puppy in Show. Winners of the Puppy 3 – 6 month class and the Companion Class are not eligible to compete for Championship points nor are they to be counted toward points awarded and winners are not eligible to compete for Best of Breed. Ribbons will be awarded 1st through 4th place. Winners of the Companion Class will compete for Best Companion and Best Companion Opposite Sex.)

Ribbons

Conformation Ribbons
First Prize – Blue Ribbon
Second Prize – Red Ribbon
Third Prize – Yellow Ribbon
Fourth Prize – White Ribbon
Best Puppy – Rosette
Best Companion – Rosette
Best Veteran – Rosette
Winners Dog – Rosette
Reserve Winners Dog – Rosette
Winners Bitch – Rosette
Reserve Winners Bitch – Rosette
Best of Winners – Rosette
Best of Breed – Rosette

Registration and Entry Fees

Member Fees		Non-member Fees	
Registration	\$20 per day	Registration	\$25 per day
Conformation Show	\$15 pre-entry, per dog \$20 "day of," per dog (Day of Entries close Saturday night, October 20th, at 7:00pm)	Conformation Show	\$20 pre-entry, per dog \$25 "day of," per dog (Day of Entries close Saturday night, October 20th, at 7:00pm)

All entries must be postmarked by October 1, 2007 in order to qualify. All pre-entries will be put in the catalogue exactly as they are listed on the registration/entry form. Owners are responsible for any errors on those forms. Any entries postmarked after that date are considered "Day of" entries and are subject to a higher fee. Day of Entries close on Saturday, October 20th at 7:00 p.m. Dogs entered after the pre-entry deadline will not be in the catalogue.

MAKE CHECKS AND/OR MONEY ORDERS out to *Boofest*. Returned checks are subject to a \$20 fee. A returned check does not constitute a valid entry.

MAIL PAYMENT TO: Alison A. Brendel, 3803 S. Terwilliger Rd. PR SE, Benton City, WA 99320. Entries will not be accepted without signature and fees. Entries will be held until fees are received if paying by paypal. Paypal entries received after midnight (pacific) on the 1st of October are considered "Day of" entries and are subject to a higher fee.

You may pay via paypal to tangaloor@yahoo.com. Please mark it as "service" or "quasi-cash" and add a \$5.00 fee when paying by paypal.



Official ISWS Registration and Entry Form

Boofest 2007, October 20th – 21st Contra Costa Fairgrounds, Antioch, CA **Entry Fees:** [See previous page \(8\)](#) **Pre-entries close:** October 1, 2007 at midnight (pacific) **Day of Entries close:** Saturday, October 20th, 7:00 p.m.

Important: Please read the “[Notice to Exhibitors](#)” and the “[Agreement](#)” before filling out this form. Registration is not valid without signature below.

Your Name:	Member: Y N	# attending:
Address:	Phone Number:	
	Email:	
Kennel Name:	Website address:	
Registered Name of Dog:		
Call Name:	ISWS#:	
Gender:	Tattoo or Microchip #:	
Date and Place of Birth:	Dog Show Class:	
Breeder:		
Sire and ISWS#:		
Dam and ISWS#:		
Actual Owner(s):		
Owner's Address:		
City, State, Zip:		
Name of Owner's Agent (if any):		
<p>I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the owner whose name I have entered above. In consideration of the acceptance of this entry, I/we agree to abide by the rules and regulations set forth in this premium in the “Notice to Exhibitor” and the “Agreement,” at the time of this show and meet. I/we certify and represent that the dog entered is not a hazard to any persons or other dogs. This entry is submitted for acceptance on the foregoing representation and agreement. SIGNATURE of owner or his agent duly authorized to make this entry. If entered online, your "X" below stands in lieu of your signature.</p> <p>X _____ Date: _____</p>		

Registration and entry fees: _____

Total from next pages: _____

Total amount enclosed: _____

Saturday Night Welcome Dinner RSVP

(Please fill out the information below to RSVP for our Welcome Dinner, Saturday, October 20th. Dinner will follow the day's activities, an exact time to be decided upon. RSVPs MUST be received by October 1, 2007 to be valid. The dinner will be a **self-pay**, we just need a number to make a reservation for large party.

Total People: _____

Saturday BBQ Lunch

\$10.00 per person

Woody's famous pulled pork sandwiches, garden burgers, smoked chicken, coleslaw potato salad, fruit salad and dessert. How can anyone pass up that scrumptious meal!. We'll be fitting this in amongst all our health testing and fun on Saturday, but the BBQ should be up and running around noon.

Total BBQ Cost: _____

Sunday Post Show Pizza Party

\$5.00 per person

After all the fun in the ring, we'll be ordering pizza to have as a group and bask in the glory of our beautiful hounds. To follow the completion of the show. We hope that you'll stick around to join us!

Total Pizza Party Cost: _____

Costume Class

It can't be a Boofest without a costume class! No registration is required to come join the fun. All you have to do is have your dog's (and your) costume ready to go. Prizes to be given. Plan to follow up lunch with this entertainment on Saturday.

Catalogue Orders

\$5.00 each

Limited numbers of the catalogue will be printed. To ensure you receive a catalogue, please pre-order. Extra catalogues will be sold at the event on a first come, first served basis.

Total Catalog Cost: _____

Catalogue Ads

Full page	\$20.00
Half page	\$15.00
Business Card	\$5.00
Please submit your ads in Word, PDF, or Photoshop format. Ads are due April 15, 2007. This is a firm deadline, THERE WILL BE NO EXCEPTIONS.	
Size of Ad #1:	Cost:
Size of Ad #2:	Cost:
Size of Ad #3:	Cost:

Total Cost: _____

This page total: _____

(Please indicate total fees enclosed on the Entry/Registration page)

Health Testing Information

Please fill out all PDF forms completely and send them in with your Registration and Entry forms. We will keep them for you and make them available at Boofest.

All fees for health testing will be paid directly to the veterinarians. Separate payment will need to be made to OFA, LAB and CERF. The ISWS has agreed to assist financially with these tests. A request form for a refund will need to be filled out and sent in after the tests. Refunds will be given to those members whom tested their Silken Windhounds and results published on OFA database.

CERF Eye Exam

Eye Exam Dr. Good, *October, 20th 10am -4:00*. **Eyes will be dilated.**

\$40 per dog vet fee, \$10.50 OFA fee for **Non-Members**

Members pay: (15% off)

Number of dogs to be tested @ 40 per dog:

Total Cost: _____

OFA Heart Exam

Cardiac Test: Dr. Kienle, *October 20th 10am- 4:00*. **Stethoscope Only**. Ultrasound is available cost TBA.

\$35 per dog vet fee, \$7.50 OFA fee for **Non-Members**

Members pay: (25% off)

Number of dogs to be tested @ \$35:

Total Cost: _____

OFA Thyroid Exam

Thyroid test: Dr. Kienle, *October 20th 10-5pm* cost TBA, \$36 lab fee, \$7.50 OFA fee for **Non Members**

Members pay (35% off)

The lab will send results to Dr. Kienle, who will contact each of you privately with them.

Number of dogs to have blood drawn @: TBA

Total Cost: _____

This page total: _____

(Please indicate total fees enclosed on the Entry/Registration page)

Pre-Registration Form

Owner's name:

Address:

Contact person's phone number:

email address:

Appointment time preference (circle)

Morning

Afternoon

We will try to honor all requests for appointment times but there are no guarantees.

I agree to hold ISWS club, its members, participants and the owner and lessor of the Premises harmless from any claim for loss or injury while participating in this clinic.

Signature

Date

Pre-Registration closes October 15, 2007

Please make checks payable to ISWS

Mail Pre-registration form and check made payable to ISWS to:

Alison Brendel

3803 S. Terwilliger Rd. PR SE

Benton City, WA 99320

PRICES: CERF @ \$40 Cardiac @ \$35 EACH AND blooddraw @ \$40 EACH.

For the Clinic please provide the following information for EACH dog. **Please remember** to bring a copy of the dog's registration.

PLEASE PRINT OR TYPE. IF NOT TYPED, PLEASE INCLUDE COPY OF AKC REGISTRATION

Dog #1 - circle appropriate clinic(s)

CERF

Heart

Thyroid

Owner(s) Name:

Dog's Registered Name:

Breed/Variety:

Coat Color/Type:

Tattoo or Microchip #

Dog's Sex:

Registration #:

Dog's Birthdate:

Dog #2 - circle appropriate clinic(s)

CERF

Heart

Thyroid

Owner(s) Name:

Dog's Registered Name:

Breed/Variety:

Coat Color/Type:

Tattoo or Microchip #

Dog's Sex:

Registration #:

Dog's Birthdate:

Dog #3 - circle appropriate clinic(s)

CERF

Heart

Thyroid

Owner(s) Name:

Dog's Registered Name:

Breed/Variety:

Coat Color/Type:

Tattoo or Microchip #

Dog's Sex:

Registration #:

Dog's Birthdate:

Dog #4 - circle appropriate clinic(s)

CERF

Heart

Thyroid

Owner(s) Name:

Dog's Registered Name:

Breed/Variety:

Coat Color/Type:

Tattoo or Microchip #

Dog's Sex:

Registration #:

Dog's Birthdate:

Dog #5 - circle appropriate clinic(s)

CERF

Heart

Thyroid

Owner(s) Name:

Dog's Registered Name:

Breed/Variety:

Coat Color/Type:

Tattoo or Microchip #

Dog's Sex:

Registration #:

Dog's Birthdate:

Office Use Only
APPL _____
RAD _____
CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

Office Use Only

Application for Congenital Cardiac Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any) _____

Registered name _____

Breed _____

ID number (if any)* Tattoo Microchip

Owner name _____ Co-owner _____

Mailing address _____

City _____ State/province _____ Zip/postal code _____

Phone _____ E-mail _____

Registration number AKC CKC Other _____

Sex _____ Color _____

Date of birth (month-day-year) _____

Registration number of sire _____ Registration number of dam _____

Veterinarian's name or veterinary hospital _____

Mailing address _____

City _____ State/province _____ Zip/postal code _____

Phone _____ Email _____

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal _____ (initials of registered owner).

Veterinary Instructions

Clinical findings based on cardiac auscultation is required.

(see accompanying procedures information for details):

- Auscultation is within normal limits. Additional diagnostic studies are not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

Timings: systolic diastolic continuous

Point of maximal intensity:

- mitral valve area
- aortic or subaortic area
- pulmonary valve area
- tricuspid valve area
- other location:
- Radiation or other characteristics: _____

Echocardiography if indicated (see accompanying procedures information for details):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

Veterinarian Signature _____ Specialty: Practitioner, Specialist, Cardiologist Date _____

Fees

- Animals Over 12 Months\$15.00
- Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals\$7.50 per study

Payments can be made by check, money order, (U.S. funds drawn on a U.S. ban cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

Affected Animals and Resubmits at No Charge

Methods of Examination

Clinical Examination

1. The clinical cardiac examination should be conducted in a systematic manner. The arterial and venous pulses, mucous membranes, and precordium should be evaluated. Heart rate should be obtained. The clinical examination should be performed by an individual with advanced training in cardiac diagnosis. Board certification by the American College of Veterinary Internal Medicine, Specialty of Cardiology is considered by the American Veterinary Medical Association as the benchmark of clinical proficiency for veterinarians in clinical cardiology, and examination by a Diplomate of this specialty board is recommended. However, any licensed veterinarian may be able to perform this examination by auscultation.

2. Cardiac auscultation should be performed in a quiet, distraction-free environment. The animal should be standing and restrained, but sedative drugs should be avoided. Panting must be controlled, and if necessary, the dog should be given time to rest and acclimate to the environment. The clinician should be able to identify the cardiac valve areas for auscultation. The examiner should gradually move the stethoscope across all valve areas and also should auscultate over the subaortic area, ascending aorta, pulmonary artery, and the left craniodorsal cardiac base. Following examination of the left precordium, the right precordium should be examined.

- The mitral valve area is located over and immediately dorsal to the palpable left apical impulse and is identified by palpation with the tips of the fingers. The stethoscope is then placed over the mitral area and the heart sounds identified.
- The aortic valve area is dorsal and 1 or 2 intercostal spaces cranial to the left apical impulse. The second heart sound will become most intense when the stethoscope is centered over the aortic valve area. Murmurs originating from or radiating to the subaortic area of auscultation are evident immediately caudoventral to the aortic valve area. Murmurs originating from or radiating into the ascending aorta will be evident craniodorsal to the aortic valve and may also project to the right cranial thorax and to the carotid arteries in the neck.
- The pulmonic valve area is ventral and the one intercostal space cranial to the aortic valve area. Murmurs originating from or radiating into the main pulmonary artery will be evident dorsal to the pulmonic valve over the left hemithorax.
- The tricuspid valve area is a relatively large area located on the right hemithorax, opposite and slightly cranial to the mitral valve area.
- The clinician should also auscultate along the ventral right precordium (right sternal border) and over the right craniodorsal cardiac border.
- Any cardiac murmurs or abnormal sounds should be noted. Murmurs should be described as indicated below.

3. Description of cardiac murmurs—A full description of the cardiac murmur should be made and recorded in the medical record.

- Murmurs should be designated as systolic, diastolic, or continuous.
- The point of maximal murmur intensity should be indicated as described above. When a precordial thrill is palpable, the murmur will generally be most intense over this vibration.
- Murmurs that are only detected intermittently or are variable should be so indicated.
- The radiation of the murmur should be indicated.
- Grading of heart murmurs is as follows:
 - Grade 1—a very soft murmur only detected after very careful auscultation
 - Grade 2—a soft murmur that is readily evident
 - Grade 3—a moderately intense murmur not associated with a palpable precordial thrill (vibration)
 - Grade 4—a loud murmur; a palpable precordial thrill is not present or is intermittent
 - Grade 5—a loud cardiac murmur associated with a palpable precordial thrill and audible even when the stethoscope is lifted from the thoracic wall
 - Grade 6—a loud cardiac murmur associated with a palpable precordial thrill and audible even when the stethoscope is lifted from the thoracic wall
- Other descriptive terms may be indicated at the discretion of the examiner; these include such timing descriptors as: proto(early)-systolic, ejection or crescendo-decrescendo, holo-systolic or pan-systolic, decrescendo, and tele(late)-systolic and descriptions of subjective characteristics such as: musical, vibratory, harsh, and machinery.

4. Effects of heart rate, heart rhythm, and exercise.

- Some heart murmurs become evident or louder with changes in autonomic activity, heart rate, or cardiac cycle length. Such changes may be induced by exercise or other stresses. The importance of evaluating heart murmurs after exercise is currently unresolved. It appears that some dogs with congenital subaortic stenosis or with dynamic outflow tract obstruction may have murmurs that only become evident with increased sympathetic activity or after prolonged cardiac filling periods during marked sinus arrhythmia. It also should be noted that some normal, innocent heart murmurs may increase in intensity after exercise. Furthermore, panting artifact may be a problem after exercise.
- It is most likely that examining dogs after exercise will result in increased sensitivity to diagnosis of soft murmurs but probably decreased specificity as well. Auscultation of the heart following exercise is at the discretion of the examining veterinarian.
- At this time the OFA does not require a post exercise examination in the assessment of heart murmurs in dogs; however, this practice may be modified should definitive information become available.

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3856

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

Office Use Only

Application for Thyroid Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any) _____

Registered name _____

Breed _____

ID number (if any)* Tattoo Microchip

Owner name _____

Co-owner name _____

Mailing address _____

City _____ State/province _____ Zip/postal code _____

Phone _____ E-mail _____

Registration number AKC CKC Other _____

Sex _____ Color _____

Date of birth (month-day-year) _____

Registration number of sire _____ Registration number of dam _____

Date of current evaluation (month-day-year) _____

Veterinarian's name or veterinary hospital _____

Mailing address _____

City _____ State/province _____ Zip/postal code _____

Phone _____ Email _____

I hereby certify that the test submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal
 _____ (initials of registered owner).

Instructions

Please complete, sign, and include this application with the sample and form requested by the reference laboratory. A check to OFA for \$15.00 should be stapled to this application. The laboratory fee is a separate charge and is determined by the laboratory. **The sample, application form, and fee should be sent directly to the laboratory.**

Veterinary Information

Clinical Findings:

- Normal
- Abnormal signs
 - Dermatologic
 - Reproductive
 - Lethargy
 - Obesity
 - Other _____

Reference Laboratory Instructions

See back for current laboratories available

Please complete, sign, and return to Orthopedic Foundation for Animals, 2300 E Nifong Blvd, Columbia, MO 65201-3856, **along with laboratory results.**

Based on the results of the thyroid profile which included free T4 dialysis, canine thyroid stimulating hormone and thyroglobulin autoantibodies the animal, at this time, is considered as:

- Normal
- Positive autoimmune thyroiditis
- Positive compensative autoimmune thyroiditis
- Idiopathically reduced thyroid function
- Equivocal—the OFA recommends that this animal be retested in 3 to 6 months—status uncertain for breeding

See reverse for veterinary instructions.

 Veterinarian's signature Date

 Endocrinologist signature Date

Fees

Animals Over 12 Months

- Thyroid database..... \$15.00
- Litter of 3 or more submitted together..... \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals \$7.50 per study

Payments can be made by check, money order, (U.S. funds drawn on a U.S. ban cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

 Visa/Master Card Number Name on Card Exp Date CVV (security code)

Affected Animals and Resubmits at No Charge

Veterinary Instructions for Submission

1. The veterinarian or owner must obtain the "Application for Thyroid Database" from the Orthopedic Foundation for Animals, Inc. (phone 573-442-0418), or online at www.offa.org.
2. The veterinarian and owner must complete their respective portions of the form.
3. Two milliliters (2 ml) of serum are needed for testing, and the serum sample must be from freshly collected blood. Use a plain "red-top" tube for blood collection. Do not use a serum separator tube with clot additives or any other type of plasma collection tube. After collection, place the blood sample in the refrigerator for 60 to 90 minutes to allow clotting. Centrifuge, collect the serum, and transfer to a plain plastic or glass tube suitable for shipping. Clearly label the sample with the owner's name, animal's identification, date of blood collection, and "OFA Thyroid Panel." If the specimen is to be stored for more than 12 hours prior to shipping, frozen storage is recommended.
4. Ship to the approved laboratory of choice via an overnight courier service. It is recommended that all specimens be packaged properly and shipped so they are received either chilled or frozen. Serum samples arriving unchilled or at room temperature within 48 hours of the collection date will be accepted. However, samples arriving after this time must be received either chilled or frozen in order to be accepted for registry testing. Contact the laboratory for further information as necessary.
5. Female dogs should not be tested during an estrus cycle. The date of last routine vaccination should be noted.
6. Please do not submit whole blood, clotted blood, or plasma.
7. Severely lipemic or hemolyzed specimens are also unacceptable.
8. Test results will be mailed or faxed only to the submitting veterinarian and the Orthopedic Foundation for Animals, Inc.. Results will not be available from the laboratory by telephone. The OFA will send a report to the owner.

Thyroid Labs

The approved laboratory must be contacted for the appropriate submission forms, sample handling procedures, and laboratory service fee before collecting the sample. Currently, samples may be submitted to:

Endocrine Diagnostic Center, Diagnostic Center for Population & Animal Health 4125 Beaumont Road, Room 122, Lansing, MI 48910, (517) 353-0621

Animal Health Laboratory, Laboratory Services Division, University of Guelph, Door P2 Bldg. 49, McIntosh Lane, Guelph, Ontario, N1G 2W1, CANADA, (519) 824-4120 ext. 54501

University of California Veterinary Medical Teaching Hospital, Clinical Pathology, Chemistry, Room 1017, 1 Garrod Drive, Davis, CA 95616, (530) 752-7380

Vita-Tech, 1345 Denison Street, Markham, Ont L3R 5V2, CANADA, 1-800-667-3411

New York State Animal Health Diagnostic Center, College of Veterinary Medicine, Cornell University, Upper Tower Rd., Ithaca, NY 14853, (607) 253-3673

Veterinary Diagnostic Laboratory, Attn: OFA Special Handling, College of Veterinary Medicine, University of Minnesota, 1333 Gortner Ave, St. Paul, MN 55108, (612) 624-0761

Texas Veterinary Medical Diagnostic Laboratory, 1 Sippel Road, College Station, TX 77843, (979) 845-3414

Antech Diagnostics, 1111 Marcus Ave., Suite M28, Lake Success, NY 11042, 800-872-1001. (Only the Lake Success, NY location of Antech has been certified to process OFA thyroid panels.)

Note: Please contact the laboratory for information about sample collection and submission. Include OFA form and fee with submission and the lab will forward results to OFA.

Indices of thyroiditis:

- a. Free T4 (FT4)—this procedure is considered to be the "gold standard" for assessment of the thyroid's production and cellular availability of thyroxine. FT4 concentration is expected to be decreased in dogs with thyroid dysfunction due to autoimmune thyroiditis.
- b. Canine Thyroid Stimulating Hormone (cTSH)—This procedure helps determine the site of the lesion in cases of hypothyroidism. In autoimmune thyroiditis the lesion is at the level of the thyroid and the pituitary gland functions normally. The cTSH concentration is expected to be abnormally elevated in dogs with thyroid atrophy from autoimmune thyroiditis.

Certification

a. Normal

FT4 Within normal range
cTSH Within normal range
TgAA Negative

b. Positive autoimmune thyroiditis

FT4 Less than normal range
cTSH Greater than normal range
TgAA Positive

c. Positive compensative autoimmune thyroiditis

FT4 Within normal range
cTSH Greater than normal range or
 Equal to normal range
TgAA Positive

d. Idiopathically reduced thyroid function

FT4D Less than normal range
cTSH Greater than normal range

e. All other results are considered equivocal