

## 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

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. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.
Dam		Signature Date
Dani		
Examinati	on	Examination date (year-month-day)
Sedated		Examination equipment
Yes, with: On medication		No l
Yes, with:		No
Weight kg BCS	Auscultation: Normal Murmur, charac	Gallop
Heart rate bpm		III IV V VI Dynamic Static
Dehydrated Pregnant Lactating Other, describe	-	ystolic Diastolic Both Continuous eft apex (sternum) Left Base Other, describe
ECG Heart Frequency IVSd cm mm  LVIDd  LVFWd IVSs  LVIDs  LVFWs  SF  Ao LA/Ao	M-mode 2-D	Moderate enlargement Severe enlargement Systolic anterior motion of the mitral valve yes no  If yes, LV outflow tract flow velocity (Doppler)  End-systolic cavity obliteration yes no  Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement
Assessment (based of Normal Equivocal HCM Mild Moderate RCM Other, describe  PawPeds' examination instructions had Cat's identity verified yes no, Veterinary's signature	Severe	Veterinarian's name, clinic's name and address

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