

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	Email
Female Altered Born (year-month-day)	
Don (year-nontr-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 aware that the results will be retained by PawPeds and that they will handle my
Sire	personal data. I authorize PawPeds to publicly release the results from this form. Signature Date
Dam	
Examination	Examination date (year-month-day)
Sedated	Examination equipment
Yes, with: N On medication	0
Yes, with: N	0
Dehydrated Pregnant Timing: Sys	Gallop ristics II IV V VI Dynamic Static totolic Diastolic Both Continuous tapex (sternum) Left Base Other, describe Subjective left atrial size Normal Mild enlargement Moderate enlargement Systolic anterior motion of the mitral valve yes no If yes, LV outflow tract flow velocity (Doppler)
Assessment (based on phenotype) 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	