



<b>Patient Information</b>		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)			
Sire			
Dam			
<b>Examination</b>		Examination date (year-month-day)	
Sedated Yes, with: _____ No		Examination equipment	
On medication Yes, with: _____ No			
Weight _____ kg    BCS _____	Auscultation:		
Heart rate _____ bpm	Normal	Gallop	
Dehydrated      Pregnant	Murmur, characteristics		
Lactating      Other, describe	Grade:    I   II   III   IV   V   VI	Dynamic	Static
	Timing:    Systolic    Diastolic	Both	Continuous
	Location:    Left apex (sternum)	Left Base	Other, describe
ECG Heart Frequency _____	Subjective left atrial size		
IVSd _____ cm    mm	M-mode	2-D	
LVIDd _____	M-mode	2-D	
LVPWd _____	M-mode	2-D	
IVSs _____	M-mode	2-D	
LVIDs _____	M-mode	2-D	
LVPWs _____	M-mode	2-D	
SF _____			
Ao _____	M-mode	2-D	
LA _____	M-mode	2-D	
LA/Ao _____			
<b>Assessment (based on phenotype)</b>		Comments	
Normal      Equivocal HCM    Mild    Moderate    Severe RCM Other, describe			
PawPeds' examination instructions has been followed Cat's identity verified    yes    no, describe why not		Veterinarian's name, clinic's name and address	
<b>Veterinary's signature</b> _____ <b>Date</b> _____			