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Patient Information		Owner's name <i>Francis van Arkel</i>
Cat's registered name <i>Chilla van Sippenstein</i>	Address <i>Hanikerweg 24</i>	
Registration number <i>NRKV 2007-0450</i>	Postcode/City/State <i>5943 NB Lomm</i>	
ID number, microchip or tattoo <i>528210000774g03</i>	Country <i>The Netherlands</i>	
Breed of cat <i>Siberian Cat</i>	Phone (including country code) <i>+31-77-4739029</i>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email <i>FRANCIS@van-arkel.nl</i>	
Born (year-month-day) <i>2007-05-04</i>	I am aware that the results will be retained for the records of Maine Coon-katten. I authorize Maine Coon-katten to publicly release all results from this form Signature <i>[Signature]</i> Date <i>6th May 2010</i>	
Sire <i>Flesz Duma Cara</i>		
Dam <i>Dusia Dauria</i>		

Examination		Examination date (year-month-day) <i>2010-05-06</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Aloha SSB 5500 7.5 MHz</i>
Weight <u><i>4.3</i></u> kg Heart rate <u><i>158</i></u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
IVSd <u><i>3.3</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u><i>15.2</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>3.5</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>4.6</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>8.7</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>6.0</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>42</i></u> Ao <u><i>8.3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u><i>10.0</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u><i>1.2</i></u>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	

Assessment (based on phenotype) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe	Comments <i>none</i>
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Veterinarian		Veterinarian's name, clinic's name and address <i>Drs M. Vink - Nooteboom</i>
Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not	 de WAGENRENK veterinair specialistisch centrum Keijenbergsesweg 18 4205 BN Wageningen, The Netherlands Tel (0)317 419 120 / Fax +31 (0)317 420 480 Email: info.balie@wagenrenk.com	
Signature <i>[Signature]</i> Date <i>2010-05-06</i>		

For registration of the result, the veterinarian shall send a copy of this form to
Martire Roberta, 3 Rue Jacques Prévert, Verneuil sur Seine, 78480, France
Tel (0)317 419 120 / Fax +31 (0)317 420 480
Email: info.balie@wagenrenk.com