



M. ANNE SHAPIRO HEALTH REGISTRY APPLICATION FORM



Free to all purebred Cavalier King Charles Spaniels, registered with any Registry recognized by the CKCSC, USA, Inc. (the Club). All health test results are accepted both normal and abnormal. The information submitted on this form may be published and made available to the public, via either hard copy or on the Club's website. All current recorded owners of the subject Cavalier **MUST** sign this form, prior to submission, authorizing release of this information.

Please check here if you are **UPDATING** information on this dog and please fill in registration name, your name, dog's date of birth and updated info only.

PART A: REQUIRED HEALTH REGISTRY INFORMATION						
DOG REGISTERED NAME		CALL NAME	REGISTRATION NO.	REGISTRY	SEX	COLOR
DNA PROFILE NO.	MIICROCHIP / TATOO NO.	FROZEN SEMEN AVAIL ? <input type="checkbox"/> YES <input type="checkbox"/> NO	MIICROCHIP SYSTEM	DATE OF BIRTH	SPAYED/NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BREEDER		Co-BREEDER		DATE OF DEATH	CAUSE OF DEATH	
SIRE Registered Name		DATE OF BIRTH	REGISTRATION NO.	REGISTRY	COLOR	
DAM Registered Name		DATE OF BIRTH	REGISTRATION NO.	REGISTRY	COLOR	
OWNER'S NAME			CO-OWNER(S)			
OWNER'S ADDRESS				TELEPHONE ()		
CITY	STATE	ZIP	E-MAIL ADDRESS			
OWNER WEBSITE ADDRESS						

The following health related information is optional however we request that at least the heart information be submitted due to the severity of Mitral Valve Disease in the breed. Please complete and submit the supporting documentation as discussed on the reverse side of this form.

PART B: OPTIONAL HEALTH REGISTRY INFORMATION	
HEART: <input type="checkbox"/> 5+ Years clear heart	
Murmur present: Grade: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
Certification: <input type="checkbox"/> OFA Cert. - Auscultation OFA No. _____	
Cardiologist Exam: <input type="checkbox"/> Auscultation <input type="checkbox"/> Color Flow Doppler Date of Exam _____	
Cardiologist Name: _____	
HIPS: <input type="checkbox"/> Normal -Category: _____ <input type="checkbox"/> Dysplastic -Category: _____	
Certification: <input type="checkbox"/> OFA Cert. <input type="checkbox"/> Preliminary OFA Certification OFA No. _____	
(OFA Letter) Date: _____ Date or Exam: _____	
EYES: . Normal <input type="checkbox"/> Condition Noted -Condition: _____	
Certification: <input type="checkbox"/> CERF Cert. CERF No. _____ <input type="checkbox"/> Ophthalmologist CERF Form	
Ophthalmologist Name: _____ Date of Exam: _____	
PATELLAS: <input type="checkbox"/> Free from Luxation <input type="checkbox"/> Luxation Present: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both Grade _____	
Certification: <input type="checkbox"/> OFA Cert. OFA No. _____ <input type="checkbox"/> Veterinarian Documentation	
Veterinarian Name: _____ Date or Exam: _____	

SYRINGOMYELIA: MRI performed & evaluated by a Board Certified Neurologist: Yes No

Neurologist's Name (print): _____ Date of Exam: _____

Note: Please send verification that an MRI was performed.

OTHER INFORMATION:

I (We) certify that I (we) am (are) the legal owner(s) of the subject Cavalier and that the information and documentation submitted are true and accurate to the best of our knowledge. I (we) authorize the Club to retain and publish this information for the betterment of the breed as the Club sees fit. Additionally, I (we) agree to hold the Club harmless in any legal matter relating to the retention, use, and/or release of this information.

Signed: _____
Owner Date Co-Owner(s) Date

CKCSC, USA Inc. HEALTH REGISTRY APPLICATION FORM (Cont.)

Documentation Required

In order for the CKCSC, USA Inc. Health Registry to record information on your dog, the following documentation must be provided:

1. **IF A DOG IS CO-OWNED**, An **ORIGINAL OFFICIAL REGISTRATION CERTIFICATE** (front and back) showing the current owner(s) and co-owner(s) **IS REQUIRED**.
2. **IF YOU ARE THE SOLE OWNER**, a copy of the **OFFICAL REGISTRATION CERTIFICATE** (front and back) showing current owner may be submitted in lieu of the original certificate.
3. A copy of a 3 **GENERATION PEDIGREE** (front and back), whether provided separately or as part of the Registration Certificate, showing dog colors (if available).
4. An **ORIGINAL** of this Application form, **SIGNED** by ALL current recorded owners and co-owners.
5. Copies of CERF and/or OFA Certification forms and letters, as appropriate.
6. Copies of signed forms, letters, certifications, or other documentation from licensed veterinarians, veterinary ophthalmologists, or Board Certified Veterinary Cardiologists, as appropriate, attesting to the health information or status to be recorded.

All submitted documentation must be readable and reproducible. All original documents submitted will be copied and returned to the Owner after processing. Failure to provide the required documentation will delay, or prevent, the addition of the dog to the Registry.

Mail All Documentation to:

CKCSC, USA, Inc. Health Registry c/o C Anne Eckersley,
P O Box 179 Hawleyville, CT 06440

Please waive any signature requirements for delivery.