



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
	Address
Registration number	Post code/City/State
ID number, microchip or tattoo	Country
The name of the na	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
	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 <b>Signature</b> Date
Dam	orginatare Date
Examination	Examination date (year-month-day)
	Examination equipment
Yes, with: No On medication	
Yes, with:	
ECG Heart Frequency            IVSd          cm mm         M-mode         2-D           LVIDd          M-mode         2-D           LVFWd          M-mode         2-D           IVSs          M-mode         2-D           LVIDs          M-mode         2-D           LVFWs          M-mode         2-D	IV V VI Dynamic Static
Assessment (based on phenotype)  Normal Equivocal HCM Mild Moderate Severe RCM Other, describe	Comments  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