

Certificate of HCM/RCM screening

Patient Information	Owner's name
Cat's registered name	Address
Registration number	Post code/City/State/Country
ID number, microchip or tattoo	Phone (including country code)
Breed of cat	Email
EMS code	□ Male □ Not altered □ Female □ Altered
Born (year-month-day)	I have informed the examiner of my cats health status and medication if any. This form must be submitted to Felis Danica together with the request for pedigrees for any offspring.
Sire	Only cats with HCM status "Normal" may be used for breeding *)
Dam	Signature Date
Examination	Examination date (year-month-day)
Sedated Yes, with:	Examination equipment
On medication	*) applies to male cats of the breed "British Shorthair" -
☐ Yes, with: ☐ No	see www.felisdanica.dk for further details
	IV V VI □ Dynamic □ Static Dic □ Diastolic □ Both □ Continuous
Assessment (based on phenotype)	Comments
□ Normal □ Equivocal □ HCM □ Mild □ Moderate □ Severe □ RCM □ Other, describe	
Veterinarian	Veterinarian's name, clinic's name and address
Cat's identity verified □ yes □ no, describe why not	
Signature Date	