

Patient Information		Owner's name	
Cat's registered name		Address	
Registration number		Post code/City/State	
ID number, microchip or tattoo		Country	
Breed of cat Bengal		Phone (including country code)	
Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/>		Email	
Born (year-month-day)		I (owner) 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 for the records of bengal-data. I authorize bengal-data.com to publicly release all results from this form. Owner's signature Date	
Sire's registered name:			
Sire's registration number:			
Dam's registered name:			
Dam's registration number		Examination date (year-month-day)	
Patient sedated No <input type="checkbox"/> Yes <input type="checkbox"/> with:		Patient on medication No <input type="checkbox"/> Yes <input type="checkbox"/> with:	
Weight _____ kg Heart rate _____ bpm Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/>		Auscultation: Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur <input type="checkbox"/> Characteristics: Grade: I II III IV V VI Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Timing: Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous <input type="checkbox"/> Location: Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other <input type="checkbox"/> Describe:	
IVSd _____ cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LVIDd _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LVFWd _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> IVSs _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LVIDs _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LVFWs _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> SF _____ Ao _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LA _____ M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> LA/Ao _____		Subjective left atrial size Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement <input type="checkbox"/> Systolic anterior motion of the mitral valve yes <input type="checkbox"/> no <input type="checkbox"/> If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration yes <input type="checkbox"/> no <input type="checkbox"/> Papillary muscles Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement <input type="checkbox"/>	
Assessment (based on phenotype)		Comments:	
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 <input type="checkbox"/> Describe:		Recheck exam: 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other <input type="checkbox"/> When?	
Cardiologist		Veterinarian's name, clinic's name and address, official stamp:	
Cat's identity verified: yes <input type="checkbox"/> no <input type="checkbox"/> If no, describe why:		Important: for registration of the result, the cardiologist shall mail a pdf-copy of this form (fully completed) to: healthreports@bengal-data.com	
Signature Date			