



Tamaskan Dog Register, Inc
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TAMASKAN DOG REGISTER

Thoracic Auscultation Form

Registered Name: _____

Registration: _____

Breed: _____

Microchip/ID: _____

Date of Birth: _____

Owner: _____

1.) Respiratory

- a. Rate: _____
b. Effort (Circle One): Decreased Normal Increased

2.) Pulses

- a. Rate: _____
b. Quality (Circle One): Weak Normal Bounding

3.) Mucus Membranes

- a. Color: _____
b. Capillary Refill Time: _____

4.) Cardiac

- a. Rate: _____
b. Rhythm (Circle One): Regular Regularly Irregular Irregular
c. Murmur (Circle One): Not Present Present
 i. Grade (Circle One): I II III IV V VI
 ii. Timing (Circle One): Systolic Diastolic Continuous
 iii. Point of Maximal Intensity (Circle One): Pulmonary Valve Aortic or Subaortic Valve Mitral Valve Tricuspid Valve
 iv. Radiation of murmur and/or other comments: _____

I certify that at the time of examination, the above dog was found to be clear of any detectable respiratory and cardiac abnormalities by means of thoracic auscultation and thorough physical exam.

Address of Veterinary Practice: _____

Veterinary Practitioner: _____

Date of Examination

Signature of Veterinary Practitioner

Please return completed form to the Tamaskan Dog Register Committee of Breeders

THE TAMASKAN DOG REGISTER, UNITED STATES OF AMERICA §501(c)4 NON-PROFIT