

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.offa.org
 A Not-For-Profit Organization

Office Use Only

Application for Dentition Database
Adult teeth must be fully erupted for evaluation

| | | | | | | | | |
|--|--|---------|--|--------|-------|---------------------------------|--------|------------------|
| Registered name: | | | Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC | | | Other registry name: | | |
| Breed: | | | Sex: | | | Date of Birth (month-day-year): | | |
| ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip | | | Registration number of sire: | | | Registration number of dam: | | |
| Owner name: | | | Date of evaluation (month-day-year): | | | | | |
| Co-Owner name: | | | Examining veterinarian's name or veterinary hospital: | | | | | |
| Mailing address: | | | Mailing Address: | | | | | |
| City: | | State: | Zip/postal code: | | City: | | State: | Zip/postal code: |
| Phone: | | E-mail: | | Phone: | | E-mail: | | |

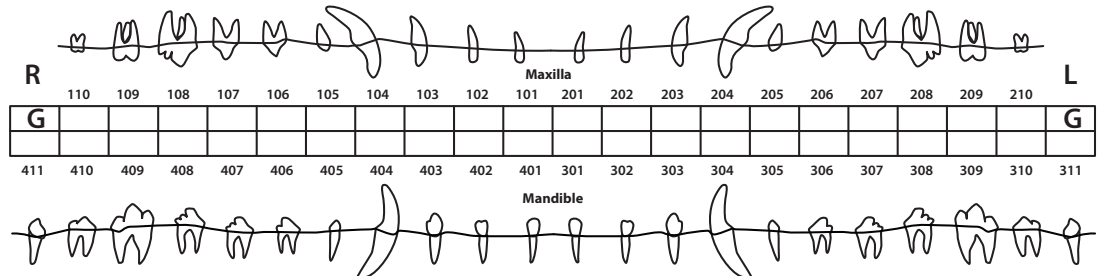
I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results, "Open" Database
 I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public. _____ (initials of registered owner).

Veterinarian Dentition Examination Results

- Full dentition with all adult teeth fully erupted
- Retained deciduous teeth
- Missing teeth as noted on the dental chart
- Other (please specify) _____



I certify that I have completed the dental exam and marked off the appropriate exam results.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature _____ Specialty: Practitioner, Specialist Date _____

Fees Individual dog\$15.00 each
 A litter of 3 or more submitted together\$30.00 total

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 individuals \$7.50 each

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

 Visa/Master Card Number Name on Card Exp Date CVV (security code)