**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

## **Application for Hip/Elbow Dysplasia Database**

Registered name:			AKC Registration Number:	Other registration # (	Other registration # (if any)			
Breed:		Sex:	Date of Birth (MM/DD/YY):	Date radiograph take	en (MM/DD/YY):			
ID Number (if any) 🗖 Tattoo	🗅 Microchip		Registration number of sire:	Registration of numb	per of dam:			
Owner name:			<ul> <li>Examining veterinarian's name or vete</li> <li>Slade Veterinary Hospit</li> </ul>					
Co-Owner name:			Slade Veterinary Hospit					
Mailing address:			City: Framingham	State: A 5	Zip/postal code: \$%+\$&			
City:	State:	Zip/postal code:	Phone: 508-875-7086	FAX#: 508-872-4263				
Phone:			• Veterinarian Email: staff@sladevet.com					
Owner e-mail. Please print one letter/sym	ibol per cell.							
If there are questions regarding this a I hereby request the OFA to provide a hip and/or elb elbow conformation have been surgically altered. independent, professional judgment of consulting the OFA will release all normal hip and/or elbow re consensus evaluations of Excellent, Good, or Fair, a released to the public unless the initials of a registe <u>on page 2 of this application have been met.</u> By su reported until all related charges are paid in full.	oow evaluation of the an I understand that the im board-certified veterinau sults for animals over 24 nd normal elbow results red owner appear in the	imal described on this age submitted will be ry radiologists, and I h months to the public, are defined as consen authorization box bel	application. I certify that the image submit retained by the OFA, understand that the im ereby release the OFA from any and all liabil and by submitting this application I agree th sus evaluations of Normal. Abnormal hip an low. <u>Results for animals under 24 months wi</u>	age is submitted for a consensus e ity resulting from the consensus e he OFA may do so. Normal hip resu nd/or elbow results (including Bora ill only be released and published .	her the pelvic nor the evaluation based on the valuation. I understand ults are defined as derline results) will not be if all the criteria described			

## Signature of owner or authorized representative

Office Use Only

APPL \_

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## **Authorization to Release Abnormal Results**

I hereby authorize the OFA to release the	results of its evaluation of the animal described on this application to the public if the
results are abnormal	(initials of registered owner).

<ul> <li>Veterinary Information</li> <li>This animal was restrained using: Physical Restraint Only</li> <li>Anesthesia (<i>type</i>:)</li></ul>	<b>DID NOT</b> verify the tattoo/microchip information on this dog
Veterinarian Signature	Isinittee to the ARC for inclusion in their registration and peugree documents
Fees	
Animals Over 24 Months       \$35.00         Hip dysplasia database only       \$35.00         Hips plus elbows (together)       \$40.00         Elbow dysplasia database only       \$35.00         Litter of 3 or more submitted together       \$90.00	Animals Under 24 Months       \$30.00         Preliminary hip evaluation       \$30.00         Preliminary elbow evaluation       \$30.00         Preliminary hips plus elbows (together)       \$35.00         Litter of 3 or more submitted together.       \$60.00
<ul> <li>Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.</li> <li>Minimum of 5 individuals\$15 per study</li> </ul>	(see page 2 for information regarding release of prelim results) <b>Consultation</b> • Other radiographic studies\$30.00
See instruction	

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.

**Party Responsible for Payment is:** Ueterinarian

Owner/Co-Owner Other

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Exp. (MM|YY)

MasterCard

Card Type: 🛛 Visa

