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:			 Examining veterinarian's name or vete Slade Veterinary Hospit 					
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).

 Veterinary Information This animal was restrained using: Physical Restraint Only Anesthesia (<i>type</i>:)	DID NOT 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
 Kennel Rate—Individuals submitted as a group, owned/co-owned by same person. Minimum of 5 individuals\$15 per study 	(see page 2 for information regarding release of prelim results) Consultation • 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

