

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](http://www.offa.org)

A Not-For-Profit Organization

Office  
Use  
Only

## Application for Thyroid Database

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
					Other registry #:	
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 examination (month-day-year):		Date of last routine vaccination:	
Co-Owner name:			Examining veterinarian's name or veterinary hospital: <b>Slade Veterinary Hospital, Inc.</b>			
Mailing address:			Mailing Address: <b>334 Concord Street</b>			
City:	State:	Zip/postal code:	City:	State:	Zip/postal code:	
			<b>Framingham</b>	<b>MA</b>	<b>01702</b>	
Phone:	E-mail:		Phone:	E-mail:		
			<b>508-875-7086</b>	<b>staff@sladevet.com</b>		

I hereby certify that the sample submitted is of the animal described on this application and that this animal has not received thyroid medication of any type for 3 months prior to this test. 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

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).

### Instructions

Please complete, sign, and include this application with the sample and form requested by the reference laboratory. A check to OFA for \$15.00 should be stapled to this application. The laboratory fee is a separate charge and is determined by the laboratory. **The sample, application form, and fee should be sent directly to the laboratory.**

### Veterinary Information

#### Clinical Findings:

- ☐ Normal
- ☐ Abnormal signs
- ☐ Dermatologic ☐ Reproductive ☐ Lethargy
- ☐ Obesity ☐ Other \_\_\_\_\_

- ☐ I DID verify tattoo/microchip on this dog
- ☐ I DID NOT verify tattoo/microchip on this dog

Veterinarian's signature \_\_\_\_\_ Date \_\_\_\_\_

### Reference Laboratory Instructions

#### See back for current laboratories available

Please complete, sign, and return to Orthopedic Foundation for Animals, 2300 E Nifong Blvd, Columbia, MO 65201-3806, **along with laboratory results.**

**Based on the results of the thyroid profile which included free T4 dialysis, canine thyroid stimulating hormone and thyroglobulin auto-antibodies the animal, at this time, is considered as:**

- ☐ Normal
- ☐ Positive autoimmune thyroiditis
- ☐ Positive compensative autoimmune thyroiditis
- ☐ Idiopathically reduced thyroid function
- ☐ Equivocal—the OFA recommends that this animal be retested in 3 to 6 months—status uncertain for breeding

Endocrinologist signature \_\_\_\_\_ Date \_\_\_\_\_

### Fees Animals Over 12 Months

- Thyroid database ..... \$15.00
- Litter of 3 or more submitted together ..... \$30.00

### Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals ..... \$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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)

Affected Animals and Resubmits at No Charge