

**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:		

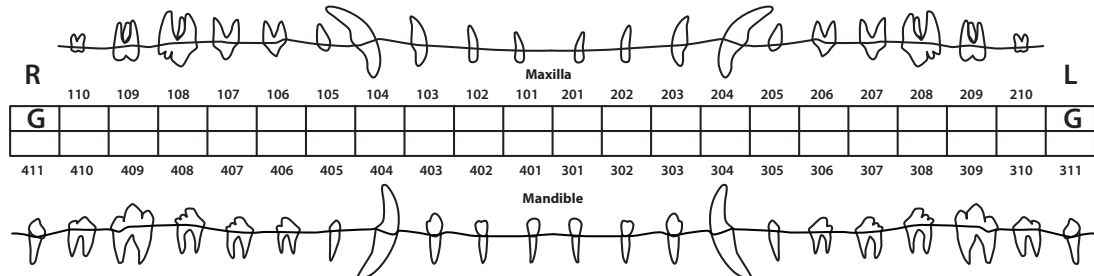
I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the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

- |  |   |
|--|---|
| <input type="checkbox"/> Full dentition with all adult teeth fully erupted | <input type="checkbox"/> Missing teeth as noted on the dental chart |
| <input type="checkbox"/> Retained deciduous teeth                          | <input type="checkbox"/> 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)