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 Hip/Elbow Dysplasia Database

Registered name:			**Registration number:** ❑ AKC ❑ CKC	**Other registry name:**	
				Other registry #:	
Breed:		**Sex:**	**Date of Birth (month-day-year):**		
ID Number (if any): ❑ Tattoo ❑ Microchip			**Registration number of sire:**	**Registration number of dam:**	
Owner name:			**Date radiograph taken (month-day-year):**	**Film no.:**	
Co-Owner name:			**Examining veterinarian's name or veterinary hospital:** Breeder's Veterinary Services		
Mailing address:			**Mailing Address:** 604 Elsa Drive		
City:	**State:**	**Zip/postal code:**	**City:** Santa Rosa	**State:** CA	**Zip/postal code:** 95407
Phone:	**E-mail:**		**Phone:** 707 545 8052	**E-mail:** bvs@sonic.net	

I hereby certify that the radiograph submitted is of the animal described on this application and that neither the pelvic nor the elbow conformation have been surgically altered. I understand that the radiograph and/or image submitted will be retained by the OFA. I understand that the radiograph and/or image is submitted for a consensus evaluation based on the independent, professional judgment of consulting board-certified veterinary radiologists, and I hereby release the OFA from any and all liability resulting from the consensus evaluation. I understand the OFA will release normal hip and/or elbow results for dogs over 24 months to the public, and by submitting this application I agree the OFA may do so. Abnormal hip and/or elbow results will not be released to the public unless the initials of a registered owner appear in the authorization box below. Normal hip results are defined as consensus evaluations of Excellent, Good, or Fair. Abnormal hip results are defined as consensus evaluations of Mild, Moderate, or Severe. For the purpose of determining whether or not the results will be released to the public, consensus hip evaluations of Borderline are considered abnormal. Normal elbow results are defined as a consensus evaluation of Normal. All other elbow consensus evaluations are considered abnormal.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its radiographic 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 ❑ Chemical Restraint

❑ Anesthesia (*type*:_____) ❑ Tranquilizer (*type*: _____) ❑ Other (*type*:_____)

❑ **I DID** verify the tattoo/microchip information on this dog ❑ **I DID NOT** verify the tattoo/microchip information on this dog

Only dogs with Verified Permanent Identification (VPI) will have their results transmitted to the AKC for inclusion in their registration and pedigree documents

Veterinarian Signature_____

Fees

Animals Over 24 Months
- 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

Kennel Rate*—Individuals submitted as a group, owned/co-owned by same person.*
- Minimum of 5 individuals.....$15 per study

Animals Under 24 Months
- 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

(see page 2 for information regarding release of prelim results)

Consultation
- Other radiographic studies $30.00

See instructions on page 2

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)