

**Office Use Only**

APPL \_\_\_\_\_

RAD \_\_\_\_\_

CK \_\_\_\_\_



**Orthopedic Foundation for Animals**  
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 Phone: (573) 442-0418; Fax: (573)875-5073  
*www.offa.org*  
 A Not-For-Profit Organization

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## Application for Legg-Calve-Perthes Database

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 examination (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:		State:		Zip/postal code:	
Phone:		E-mail:		Phone:		E-mail:	

I hereby certify that the radiograph submitted is of the animal described on this application and that the pelvic conformation has not been surgically altered. I am aware that the radiographic image will be retained for the records of the Orthopedic Foundation for Animals, Inc. I understand the evaluation is based upon the independent, professional judgment of consulting radiologists, and I hereby release the OFA from any and all liability resulting from the evaluation. 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 radiographic evaluation of the animal described on this application to the public if the results are abnormal \_\_\_\_\_ (initials of registered owner).

### Instructions

- Radiographs should be permanently identified in the film emulsion with:
- Registered name and/or number
  - Name of veterinarian or hospital making the film
  - Date of radiograph taken
    - Pelvic evaluation are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel

### Veterinary Information

This animal was restrained using:

- Physical Restraint only \_\_\_\_\_
- Chemical Restraint
  - Anesthesia \_\_\_\_\_ type \_\_\_\_\_
  - Tranquilizer \_\_\_\_\_ type \_\_\_\_\_
  - Other \_\_\_\_\_ type \_\_\_\_\_

**Veterinarian's signature** \_\_\_\_\_

### Check the next page for breeds at risk for Legg-Calve-Perthes

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

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**Veterinarian Signature** \_\_\_\_\_ Specialty:  Practitioner,  Specialist \_\_\_\_\_ Date \_\_\_\_\_

**Fees** • Legg Calve Perthes Database ..... \$25.00  
 • Litter of 3 or more submitted together ..... \$45.00

**kennel Rate**—Applications submitted as a group, owned/co-owned by same person  
 • Minimum of 5 individuals ..... \$15.00 per study

*Evaluation fees will be refunded for dogs determined by the OFA to be affected.*  
*When submitting radiographs for both OFA hip and LCP evaluations, only the regular OFA hip fee applies, the LCP fee is waived.*  
*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.*