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 Thyroid 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 of examination (month-day-year):**	**Date of last routine vaccination:**	
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 test 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

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 autoantibodies 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