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

for Bulldog and Brachycephalic breeds only

Application for Tracheal Hypoplasia 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 exam (month-day-year):**		
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 image submitted is of the animal described on this application. 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 evaluation based on the independent, professional judgment of a consulting board-certified veterinary radiologist, and I hereby release the OFA from any and all liability resulting from the evaluation. I understand the OFA will release normal results for dogs over 12 months to the public, and by submitting this application I agree the OFA may do so. Abnormal results will not be released to the public unless the initials of a registered owner or agent appear in the authorization box below.

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 Instructions

A well positioned right lateral of the entire cervical and thoracic trachea is required. The image should be acquired with the patient awake and at peak inspiration. The patient must be at least 12 months of age in order to receive a tracheal hypoplasia OFA number.

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

_____

Veterinarian Signature Specialty: ❑ Practitioner, ❑ Specialist Date

OFA Fees

Animals Over 12 Months

- Tracheal Hypoplasia database $25.00

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)