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:				AKC Registration Number: Other registry nam			
					Other registry #:		
Breed:		Sex:		Date of Birth (MM/DD/YY):	Date of exam (MM/DD/YY):		
ID Number (if any): 🛛 Tattoo 🖾 Microchip				Registration number of sire: Registration number of dam:		lam:	
Owner name:			NO	Examining veterinarian's name or veterinary hospital:			
Co-Owner name:			VETERINARIAN INFORMATION	Mailing Address:			
Mailing address:			ARIANIN	City:	State:	Zip/postal code:	
City:	State:	Zip/postal code:	ERIN	Phone: FAX#:			
			VET				
Phone:			→	Veterinarian Email:			
Owner e-mail. Please print one letter/symbol per cell.							

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_

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APPL

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Authorization to Release Abnormal Results, "Open" Database) (initials of registered owner).
G Image: Second sec	e dental chart $ \sum_{10} L $ $ \frac{\mathbf{G}}{10} $ $ \widehat{\mathbf{N}} \widehat{\mathbf{G}} $
 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 Kennel rate: A litter of 3 or more submitted together	
ard Number Cardholder Name	Exp. (MM YY) CVV

No charge for dogs without full dentition that are placed in the "open" database