

## Laboratory Report

<b>Laboratory #:</b>	196901	<b>Call Name:</b>	Ciara
<b>Order #:</b>	88465	<b>Registered Name:</b>	Discovery Tails Ciara
<b>Ordered By:</b>	Vicki McCormack	<b>Breed:</b>	Australian Labradoodle
<b>(Co-)Owner:</b>	Vicki McCormack	<b>Sex:</b>	Female
<b>Ordered:</b>	Sept. 21, 2020	<b>DOB:</b>	Dec. 2019
<b>Received:</b>	Oct. 16, 2020	<b>Registration #:</b>	WALA00035494
<b>Reported:</b>	Oct. 30, 2020	<b>Microchip #:</b>	602592795

### Results:

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Macular Corneal Dystrophy (Labrador Retriever Type)	<i>CHST6</i>	WT/WT	Normal (clear)
Neonatal Encephalopathy with Seizures	<i>ATF2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Cone-Rod Dystrophy 4	<i>RPGRIP1</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

### Interpretation:

Molecular genetic analysis was performed for eight specific mutations reported to be associated with disease in dogs. We identified two normal copies of the DNA sequences in the mutations tested.

### Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the diseases caused by or associated with the mutations tested. Because this dog is "clear" of these mutations, this dog will only pass the normal genes on to its offspring. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

## Coat Color and Trait Certificate

<b>Call Name:</b>	Ciara	<b>Laboratory #:</b>	196901
<b>Registered Name:</b>	Discovery Tails Ciara	<b>Registration #:</b>	WALA00035494
<b>Breed:</b>	Australian Labradoodle	<b>Microchip #:</b>	602592795
<b>Sex:</b>	Female	<b>Certificate Date:</b>	Oct. 30, 2020
<b>DOB:</b>	Dec. 2019		

### This canine's DNA showed the following genotype(s):

Coat Color/Trait Test	Gene	Genotype	Interpretation
A Locus (Agouti)	<i>ASIP</i>	$a^t/a$	Tricolor, black and tan (carries bicolor/solid)
B Locus (Brown)	<i>TYRP1</i>	$B/b$ or $b/b$	Carries brown and may have brown or black coat, nose and foot pads
E Locus (Yellow/Red)	<i>MC1R</i>	$e/e$	Yellow/red
IC Locus (Improper Coat/Furnishings)	<i>RSPO2</i>	$F/F$	Furnishings
K Locus (Dominant Black)	<i>CBD103</i>	$K^B/k^y$	No agouti expression allowed (carrier)
S Locus (White Spotting, Parti, or Piebald)	<i>MITF</i>	$S/s^p$	Limited white spotting, flash, parti, or piebald (carrier)

### Interpretation:

This dog carries one copy of  $a^t$  and one copy of  $a$  which results in tan points and can also present as a black and tan or tricolor coat color. However, this dog's coat color is also dependent on the E, K, and B genes. The tan point coat color is only expressed if the dog is also E/E or E/e at the E locus and  $k^y/k^y$  at the K locus. This dog will pass on  $a^t$  to 50% of its offspring and  $a$  to 50% of its offspring.

The overall B locus genotype for a dog is determined by the combination of genotypes present at the  $b^c$ ,  $b^d$ , and  $b^s$  loci. The  $b^c$ ,  $b^d$ , and  $b^s$  variants confer brown when at least one of these DNA changes is present on both genes of the dog at the B locus. This dog carries two copies of  $B$  at the  $b^s$  locus. In addition, this dog carries one copy of  $B$  and one copy of  $b$  at both the  $b^c$  and  $b^d$  loci. The presence of both these variants on a single copy of the gene cannot be excluded. Thus, due to the particular combination of variants detected, the overall B locus genotype of this dog is  $B/b$  or  $b/b$  and cannot be determined without additional testing of parental samples. Therefore, this dog carries brown and may have brown or black coat, nose and foot pads.

If the  $b^c$  and  $b^d$  variants each occur on separate copies of the B locus, the dog will be brown ( $b/b$ ). However, if these variants occur on the same copy of the gene, the dog will be black ( $B/b$ ). Therefore, the final B locus genotype for this dog can be inferred by evaluating the color of this dog's nose. If this dog's nose is brown, the final B locus genotype of this dog is  $b/b$  and this dog will pass on  $b$  to 100% of its offspring. If this dog's nose is black, the final B locus genotype of this dog is  $B/b$  and this dog will pass on  $b$  to 50% of its offspring. If this dog is  $B/b$  it can produce offspring with a black or brown coat, nose and foot pads. However, this dog's coat color is also dependent on the E, K, and A genes.

This dog carries two copies of  $e$  which inhibits production of black pigment. The coat color of this dog will be yellow/red (including shades of white, cream, yellow, apricot or red). This dog will pass  $e$  on to 100% of its offspring.

This dog does not carry the mutation for improper coat and will therefore have furnishings (proper coat). However, the overall coat type of this dog is dependent on the combination of this dog's genotypes at the L, Cu, and IC loci. This dog will pass **F** (furnishings, proper coat) on to 100% of its offspring.

This dog carries one copy of **K<sup>B</sup>** and one copy of **k<sup>Y</sup>** which prevents expression of the agouti gene (A locus) and allows for solid eumelanin (black pigment) production in pigmented areas of the dog. However, this dog's coat color is also dependent on its genotypes at the E and B genes. This dog will pass on **K<sup>B</sup>** to 50% of its offspring and **k<sup>Y</sup>** to 50% of its offspring.

This dog carries one copy of **S** and one copy of **s<sup>P</sup>** which results in limited white spotting, flash, parti, or piebald coat color due to the co-dominance of **S** and **s<sup>P</sup>**. This dog will pass on one copy of **S** to 50% of its offspring and one copy of **s<sup>P</sup>** to 50% of its offspring.

Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.



**Helen F Smith, PhD**  
Assistant Laboratory Director



**Casey R Carl, DVM**  
Associate Medical Director

Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics®. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results.

Orthopedic Foundation for Animals  
Hip Dysplasia Evaluation Report



A Not-for-Profit  
Organization

DISCOVERY TAILS CIARA  
*registered name*

AUSTRALIAN LABRADOODLE  
*breed*

*film/test/lab #*

602592795

*tattoo/microchip/DNA profile*

2200142

*application number*

12/18/2020

*date of report*

WALA00035494  
*registration no.*

F  
*sex*

12/10/2019  
*date of birth*

12  
*age at evaluation in months*

**Owner**

VICKI MCCORMACK  
81 EASTGATE PL  
SEQUIM WA 98382

**Veterinarian**

HURRICANE RIDGE VETERINARY HOSPITAL  
660 N 7TH AVE  
SEQUIM WA 98382

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

\_\_\_\_\_**EXCELLENT HIP JOINT CONFORMATION**

superior hip joint conformation as compared with  
other individuals of the same breed and age

✓

\_\_\_\_\_**GOOD HIP JOINT CONFORMATION**

well formed hip joint conformation as compared  
with other individuals of the same breed and age

\_\_\_\_\_**FAIR HIP JOINT CONFORMATION**

minor irregularities of the hip joint conformation as  
compared with other individuals of the same  
breed and age

\_\_\_\_\_**BORDERLINE HIP JOINT CONFORMATION**

marginal hip joint conformation of indeterminate  
status with respect to hip dysplasia at this time --  
Repeat study in six months

\_\_\_\_\_**MILD HIP DYSPLASIA**

radiographic evidence of minor dysplastic  
changes of the hip joints

\_\_\_\_\_**MODERATE HIP DYSPLASIA**

well defined radiographic evidence of dysplastic  
changes of the hip joints

\_\_\_\_\_**SEVERE HIP DYSPLASIA**

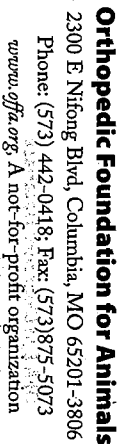
radiographic evidence of marked dysplastic  
changes of the hip joints

**RADIOGRAPHIC FINDINGS**

- \_\_\_\_\_☐ subluxation  
\_\_\_\_\_☐ remodeling of femoral head/neck  
\_\_\_\_\_☐ osteoarthritis/degenerative joint disease  
\_\_\_\_\_☐ shallow acetabula  
\_\_\_\_\_☐ acetabular rim/edge change

- \_\_\_\_\_☐ unilateral pathology \_\_\_\_\_ left \_\_\_\_\_ right  
\_\_\_\_\_☐ transitional vertebra  
\_\_\_\_\_☐ spondylosis  
\_\_\_\_\_☐ panosteitis

G.G. KELLER, DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES




RIGHT EYE	GLOBE	LEFT EYE
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3	3	3
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100	100	100

Ophthalmologist Name:		Dr. Pernie Cooley	
Ophthalmologist Address:		3330 14th Ave NW	
City:	State:	Zip/postal code:	
Albuquerque	NM	87805	
Phone:	ACTO #:		
505-946-0931	091		
Email:			

Registered name:		Discovery Tail Line											
Breed:		Australian Shepherd F											
ID Number (Item):		<input type="checkbox"/> Tattoo		<input checked="" type="checkbox"/> Microchip		Ser:							
Registration Number:		<input type="checkbox"/> AKC		<input checked="" type="checkbox"/> Other									
WALAOO O O 3 5 4 9 4													
Date of Birth (mm/dd/yy):		12/10/19											
Date of Exam (mm/dd/yy):		03/18/21											
Owner Name:		Vicki McComack											
Co-Owner Name:													
Owners Address:		360-808-9880											
City:		Eastgate FL											
State:													
Zip/postal code:													

discovertails@gmail.com

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OIA to release non-passing results to the public.

Uddell M. O. Condit 

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) \_\_\_\_\_

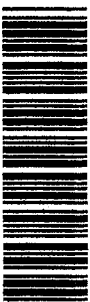
☒ **I DID** verify microchip/tattoo on this dog

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

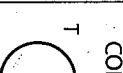
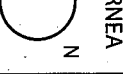
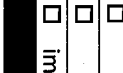
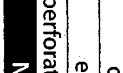
*I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.*

Date \_\_\_\_\_

**FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY**



521684

		RIGHT EYE	GLOBE	LEFT EYE
		<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <b>EYELIDS</b> <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <b>NICTITANS</b> <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <b>CORNEA</b> <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <b>UVEA</b> <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	<input type="checkbox"/> persistent pupillary membranes <b>LENS</b>	<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple
CATARACT 	CORNEA 	CORNEA 	CATARACT 	

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached			
<input type="checkbox"/> geographic			
<input type="checkbox"/> folds			
	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
	<input type="checkbox"/>	retinal atrophy— generalized	<input type="checkbox"/>
	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
		retinal dysplasia	
<input type="checkbox"/> folds			
<input type="checkbox"/> geographic			
<input type="checkbox"/> detached			

<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>

<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments.	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	<input type="checkbox"/>

	<b>NORMAL</b>	
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[illegible]

Orthopedic Foundation for Animals  
Elbow Dysplasia Evaluation Report



A Not-for-Profit  
Organization

DISCOVERY TAILS CIARA  
*registered name*

AUSTRALIAN LABRADOODLE  
*breed*

*film/test/lab #*

602592795

*tattoo/microchip/DNA profile*

2200142

*application number*

12/18/2020

*date of report*

WALA00035494  
*registration no.*

F  
*sex*

12/10/2019  
*date of birth*

12  
*age at evaluation in months*

**Owner**

VICKI MCCORMACK  
81 EASTGATE PL  
SEQUIM WA 98382

**Veterinarian**

HURRICANE RIDGE VETERINARY HOSPITAL  
660 N 7TH AVE  
SEQUIM WA 98382

RADIOGRAPHIC EVALUATION OF PHENOTYPE WITH RESPECT TO ELBOW DYSPLASIA

**ELBOW JOINTS -- FLEXED LATERAL VIEW**

✓ negative for elbow dysplasia

L ✓ R ✓

**ELBOW DYSPLASIA**

GRADE I

L \_\_\_\_\_ R \_\_\_\_\_

GRADE II

L \_\_\_\_\_ R \_\_\_\_\_

GRADE III

L \_\_\_\_\_ R \_\_\_\_\_

**RADIOGRAPHIC FINDINGS**

degenerative joint disease (DJD)

L \_\_\_\_\_ R \_\_\_\_\_

united anconeal process (UAP)

L \_\_\_\_\_ R \_\_\_\_\_

fragmented coronoid process (FCP)

L \_\_\_\_\_ R \_\_\_\_\_

osteochondrosis

L \_\_\_\_\_ R \_\_\_\_\_

G.G. KELLER, DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES



## Office Use Only

APPL \_\_\_\_\_

RAD \_\_\_\_\_

CK \_\_\_\_\_



## Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201  
 Phone (573) 442-0418; Fax (573) 875-5073  
 www.ofa.org  
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Office  
Use  
Only

## Application for Basic Cardiac Database

Registered name: <b>DISCOVERY TAILS CIARA "CIARA"</b>			AKC registration number:			Other registry name: <b>WALA</b>			
Breed: <b>AUSTRALIAN LABRADOODLE</b>			Sex: <b>F</b>			Date of birth (MM/DD/YY): <b>12/10/2019</b>			
Microchip/tattoo: <b>602592795</b>			Registration number of sire: <b>WALA00009343</b>			Registration number of dam: <b>WALA00009342</b>			
Owner name: <b>VICKI MCCORMACK</b>			Co-Owner name:			Examining veterinary/clinic: <b>HURRICANE RIDGE VETERINARY HOSPITAL</b>			
Mailing address: <b>81 EASTGATE PL</b>			Mailing address: <b>660 N 7TH AVE</b>			Date of evaluation (MM/DD/YY): <b>12/11/2020</b>			
City: <b>SEQUIM</b>		State: <b>WA</b>		Zip/postal code: <b>98382</b>		City: <b>SEQUIM</b>		State: <b>WA</b>	
Phone: <b>(360) 808-9800</b>		E-mail: <b>DISCOVERYTAILS@GMAIL.COM</b>		Phone: <b>(360) 681-0117</b>		E-mail: <b>TECHNICIAN@HURRICANERIDGEVET.COM</b>		Zip/postal code: <b>98382</b>	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative

*Vicki McCormack*

## Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)					
Normal <input checked="" type="checkbox"/>		Abnormal <input type="checkbox"/>		Arrhythmia <input type="checkbox"/>	
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous <input type="checkbox"/>		
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>	

## Summary evaluation and opinion of the examiner:

- ☒ Normal cardiovascular examination—heart disease is not evident  
☐ Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.  
☐ Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

☒ I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.  
☒ I DID verify microchip/tattoo on this dog ☐ I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature \_\_\_\_\_ Check one box: ☒ Practitioner, ☐ Specialist, ☐ Cardiologist

Date **12/11/2020**

**Fees** Animals Over 12 Months ..... \$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

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

DO NOT SEND FORM TO OFA

Card number

Cardholder name

Exp date MM/YY

CVV



CASE: 20XHUG



Office Use Only

APPL \_\_\_\_\_

RAD \_\_\_\_\_

CK \_\_\_\_\_

20XHUG



## Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201

Phone (573) 442-0418; Fax (573) 875-5073

www.ofa.org

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Office  
Use  
Only

### Application for Patellar Luxation Database

Registered name: <b>DISCOVERY TAILS CIARA "CIARA"</b>			AKC registration number:		Other registry name: <b>WALA</b>	
					Other registry #: <b>00035494</b>	
Breed: <b>AUSTRALIAN LABRADOODLE</b>		Sex: <b>F</b>	Date of birth (MM/DD/YY): <b>12/10/2019</b>			
Microchip/tattoo: <b>602592795</b>			Registration number of sire: <b>WALA00009343</b>		Registration number of dam: <b>WALA00009342</b>	
Owner name: <b>VICKI MCCORMACK</b>			Date of evaluation (MM/DD/YY): <b>12/11/2020</b>			
Co-owner name:			Examining veterinary clinic: <b>HURRICANE RIDGE VETERINARY HOSPITAL</b>			
Mailing address: <b>81 EASTGATE PL</b>			Mailing address: <b>660 N 7TH AVE</b>			
City: <b>SEQUIM</b>	State: <b>WA</b>	Zip/postal code: <b>98382</b>	City: <b>SEQUIM</b>	State: <b>WA</b>	Zip/postal code: <b>98382</b>	
Phone: <b>(360) 808-9800</b>	E-mail: <b>DISCOVERYTAILS@GMAIL.COM</b>		Phone: <b>(360) 681-0117</b>	E-mail: <b>TECHNICIAN@HURRICANERIDGEVET.COM</b>		

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 *Vicki McCormack*

#### 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 or authorized representative).

#### Patellar Examination Results

##### 1. Normal

☒ right ☒ left

##### 2. Patellar Luxation

☐ bilateral

☐ unilateral:

☐ right

☐ left

☐ luxated:

☐ medial

☐ lateral

luxation is:

☐ intermittent

☐ permanent

age of onset:

☐ < 2 months

☐ 2-6 months

☐ 6-12 months

☐ > 12 months

##### 3. Classification of luxation

☐ **Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.

☐ **Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.

☐ **Grade 3**—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.

☐ **Grade 4**—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

☒ I certify that the examination was performed according to the OFA procedure.  
☒ I DID verify microchip/tattoo on this dog ☐ I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature

Specialty: ☒ Practitioner ☐ Specialist

Date

12/11/2020

**Fees** Animals over 12 months.....\$15.00 each  
A litter of 3 or more submitted together.....\$30.00 total

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

##### Kennel rate:

Individuals submitted as a group, owned/co-owned by the same person  
Minimum of 5 individuals.....\$7.50 each

DO NOT SEND FORM TO OFA

Card number

Cardholder name

Exp MM/YY

CW



CASE: 20XHUG

Affected dogs and resubmits are no charge