

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

DISCOVERY TAILS ROSIE
registered name

AUSTRALIAN LABRADOODLE
breed

933000320013979
tattoo/microchip/DNA profile

2063751
application number

film/case no(s)

WALA00010982
registration number

F
sex

9/23/2018
date of birth

8
age at evaluation in months

6/19/2019
date of report

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

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

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
 other

Consultation by:

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

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

DISCOVERY TAILS ROSIE
registered name

WALA00010982
registration number

AUSTRALIAN LABRADOODLE
breed

F
sex

9/23/2018
date of birth

933000320013979
tattoo/microchip/DNA profile

9
age at evaluation in months

2063751
application number

8/16/2019
date of report

film/case no(s)

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

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia *

L R

ELBOW DYSPLASIA

Grade I
Grade II
Grade III

L _____ R _____
L _____ R _____
L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)
united anconeal process (UAP)
fragmented coronoid process (FCP)
osteochondrosis

L _____ R _____
L _____ R _____
L _____ R _____
L _____ R _____

Consultation by:

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



Canine Genetic Health Certificate™

Call Name: Rosie
Registered Name: Discovery Tails Rosie
Breed: Australian Labradoodle
Sex: Female
DOB: Sept. 2018

Laboratory #: 109306
Registration #: -
Certificate Date: Nov. 9, 2018

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

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)
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/M	Carrier
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)

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

Helen F Smith, PhD
Assistant Laboratory Director

Casey R Carl, DVM
Associate Medical Director

Paw Print Genetics® performed the tests listed on this dog. See the Laboratory Report for interpretation and recommendations based on these findings. The genes/diseases reported here were selected by the client. 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. Genetic counseling is available at Paw Print Genetics.

Coat Color and Trait Certificate

Call Name:	Rosie	Laboratory #:	109306
Registered Name:	Discovery Tails Rosie	Registration #:	-
Breed:	Australian Labradoodle	Certificate Date:	May 1, 2019
Sex:	Female		
DOB:	Sept. 2018		

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

Coat Color/Trait Test	Gene	Genotype	Interpretation
B Locus (Brown)	<i>TYRP1</i>	B/b	Black coat, nose and foot pads (carries brown)
IC Locus (Improper Coat/Furnishings)	<i>RSPO2</i>	F/F	Furnishings
S Locus (White Spotting, Parti, or Piebald)	<i>MITF</i>	S/S	No white spotting, flash, parti, or piebald

Interpretation:

This dog carries one copy of **B** and at least one copy of **b** at the b^c , b^d or b^s locus making the overall B locus genotype of this dog **B/b**. The overall B locus genotype for a dog is determined by the combination of the genotypes at the b^c , b^d , and b^s loci. The b^c , b^d , and b^s variants confer brown coat, nose, and foot pads when at least one of these DNA changes is present on both genes of the dog at the B locus. If the dog has one or no copies of **b** then the dog will have a black coat, nose, and foot pads. However, this dog's coat color is also dependent on the E, K, and A genes. This dog will pass on **B** to 50% of its offspring and **b** to 50% 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 two copies of **S** which results in a solid coat with no white spotting, flash, parti, or piebald coat color. This dog will pass on one copy of **S** to 100% 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
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573) 875-5073
 www.ofa.org. A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: **Discovery Tails Rosie**
 Breed: **Labradoodle** Sex: **F**

ID Number (if any): Tattoo Microchip
933000320013979
 Registration Number: DAC Other
ALAAD72984
 Date of Birth (mm/dd/yy): **09/23/18** Date of Exam (mm/dd/yy): **11/26/19**

Owner Name: **Vicki McCormack** Phone: **360-808-9800**
 Co-Owner Name: _____
 Owner Address: **P.O. Box 2315** State: **WA** Zip/postal code: **98382**
 City: **Seaview**

Email (use both lines if needed):
discoverytails@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 OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative
Vicki McCormack

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.

Signature: **Vicki McCormack** ACVO # _____ Date: **09/14/2019**

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



521655

RIGHT EYE GLOBE LEFT EYE

microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion

CORNEA

distichiasis
 ectopic cilia
 imperforate lacrimal punctum
NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus
CORNEA
 dystrophy — epithelial/stromal
 dystrophy — endothelial
 pannus
 pigmentary keratitis/keratopathy
 uveal cyst

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free floating
 single
 multiple
 persistent pupillary membranes
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma

CATARACT

Incomp.	Incip.	Punc.	Punc.	Incip.	Incomp.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

subluxation/luxation
 suspect not inherited
 resorbing/hypermature

Ophthalmologist Name: **Pennie Cooley DVM**
 Ophthalmologist Address: **3230 14th Ave NW**
 City: **Olympia** State: **WA** Zip: **98502**
 Phone: **3608060931** ACVO #: **091**
 Email: _____

RIGHT EYE FUNDS LEFT EYE

detached
 geographic
 folds
 retinal detachment
 retinal atrophy — generalized
 retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

CATARACT

Incomp.	Incip.	Punc.	Punc.	Incip.	Incomp.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

iris to iris
 iris to lens
 iris to cornea
 iris sheets
 lens pigment foci/no strands
 endothelial opacity/no strands

ant. chamber
 syneresis
 VITREOUS
 subluxation/luxation
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration
 syneresis
 ant. chamber

Comments

NORMAL

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



A Not-For-Profit Organization

DISCOVERY TAILS JASMINE
registered name

ALAA082161
registration no.

AUSTRALIAN LABRADOODLE
breed

F
sex

521657
film/test/lab #

3/14/2019
date of birth

602601313
tattoo/microchip/DNA profile

8
age at evaluation in months

2110868
application number

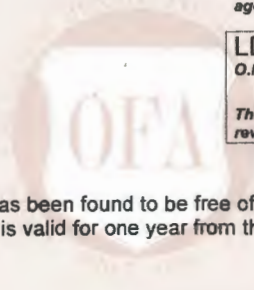
LD-EYE2357/8F-VPI
O.F.A. NUMBER

12/11/2019
date of report

*This number issued with the right to correct or
revoke by the Orthopedic Foundation for Animals.*

RESULTS:

Based upon the exam dated 11/26/2019, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.



OWNER

VICKI MCCORMACK
PO BOX 2375
SEQUIM, WA 98382

G.G. Keller, D.V.M.

G.G.KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

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 Congenital Cardiac Database

Registered name: DISCOVERY TAILS ROSIE		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name: WALA	
Breed: AUSTRALIAN LABRADOODLE		Sex: F	Date of Birth (month-day-year): 09/23/2018	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 933000320013979	Registration number of sire: WALA-00006497		Registration number of dam: WALA-0009344	
Owner name: DISCOVERY TAILS LABRADOODLES LLC	Co-Owner name:	Examining veterinarian's name or veterinary hospital: HURRICANE RIDGE VETERINARY HOSPITAL		Date of Evaluation (mm/dd/yy): 10/9/19
Mailing address: PO BOX 2375		Mailing Address: 660 N 7TH AVE		
City: SEQUIM	State: WA	Zip/postal code: 98382	City: SEQUIM	State: WA
Phone: (360) 808-9800	E-mail: DISCOVERYTAILS@GMAIL.COM	Phone: (360) 681-0117	E-mail: RECEPTION@HURRICANERIDGEVET.COM	

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative

Vicki McLo

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public . <div style="text-align: right;">INITIAL VM</div>	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes . The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public . <div style="text-align: right;">INITIAL VM</div>

Veterinary Instructions

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

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

Timings: systolic diastolic continuous

Point of maximal intensity:

- Mitral valve area Aortic or subaortic area
- Pulmonary valve area Tricuspid valve area
- Other location:

Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate 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 tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature *[Signature]* Specialty: Practitioner, Specialist, Cardiologist Date: **10/09/2019**

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 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)



4/13/12 CASE: 19L4LP

Affected Animals, Statistical Data Submission and Resubmissions at No Charge

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 Patellar Luxation Database

Registered name: DISCOVERY TAILS ROSIE		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: WALA	
Breed: AUSTRALIAN LABRADOODLE		Sex: F	Date of Birth (month-day-year): 09/23/2018		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 933000320013979		Registration number of sire: WALA-00006497		Registration number of dam: WALA-0009344	
Owner name: DISCOVERY TAILS LABRADOODLES LLC		Date of evaluation (month-day-year): 10/09/2019			
Co-Owner name:		Examining veterinarian's name or veterinary hospital: HURRICANE RIDGE VETERINARY HOSPITAL			
Mailing address: PO BOX 2375		Mailing Address: 660 N 7TH AVE.			
City: SEQUIM	State: WA	Zip/postal code: 98382	City: SEQUIM	State: WA	Zip/postal code: 98382
Phone: (360) 808-9800	E-mail: DISCOVERYTAILS@GMAIL.COM		Phone: (360) 681-0117	E-mail: RECEPTION@HURRICANERIDGEVET.COM	

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 _____

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).

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

Veterinarian Signature _____ Specialty: Practitioner, Specialist Date **10/09/2019**

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

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

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 dogs and resubmits are no charge

CASE: 19VAMQ