

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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www.offa.org

A Not-For-Profit Organization

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Only**

**Application for Kidney Database
 For Bull Terriers and Mini Bull Terriers Only**

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name: Other registry #:			
Registered name:			Sex:			Color:			
Breed:			Date of Birth (month-day-year):						
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:			Registration number of dam:			
Owner name:			Date of current evaluation (month-day-year):						
Co-Owner name:			Examining veterinarian's name or veterinary hospital:						
Mailing address:			Mailing Address:						
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:	
Phone:		E-mail:			Phone:		E-mail:		

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 _____

<p>Authorization to Release Abnormal Results</p> <p><i>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</i> _____ (initials of registered owner).</p>

Veterinary Information

_____ Normal: < 0.5 UP/UC Ratio
 _____ Abnormal: > 0.5 UP/UC Ratio
 _____ Actual Value Reported

<input type="checkbox"/> I attest that the above result is valid for this animal. <input type="checkbox"/> IDID verify tattoo/microchip on this dog <input type="checkbox"/> IDID NOT verify tattoo/microchip on this dog		
Veterinarian Signature _____		Specialty: <input type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist
		Date _____

- Fees**
- Kidney database \$15.00

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)

Affected Animals are at No Charge