

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 Dentition Database
Adult teeth must be fully erupted for evaluation

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name:		
Breed:			Sex:			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 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:		

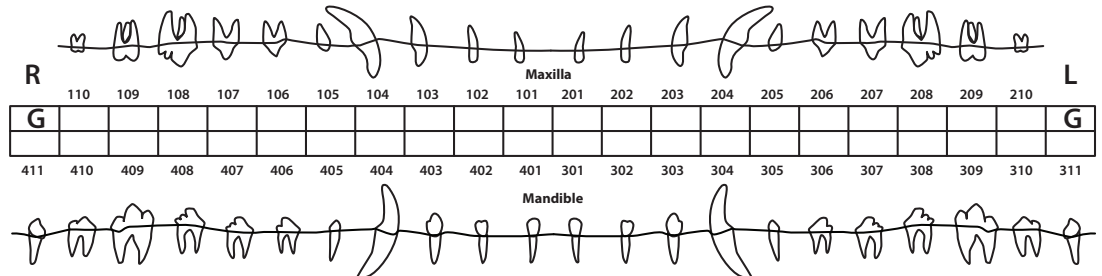
I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results, "Open" Database
 I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public. _____ (initials of registered owner).

Veterinarian Dentition Examination Results

- | | |
|--|---|
| <input type="checkbox"/> Full dentition with all adult teeth fully erupted | <input type="checkbox"/> Missing teeth as noted on the dental chart |
| <input type="checkbox"/> Retained deciduous teeth | <input type="checkbox"/> Other (please specify) _____ |



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
 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

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)