

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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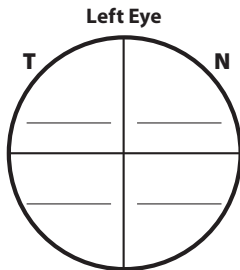
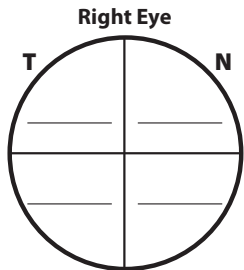
**Application for Gonioscopy (Iridocorneal Angle Examination)
 For Basset Hounds Only**

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 exam (month-day-year):				
Co-Owner name:			Examining veterinarian's name or veterinary hospital:				
Mailing address:			Mailing Address:				
City:		State:	Zip/postal code:		City:		
Phone:		E-mail:		Phone:		E-mail:	

I hereby certify that the animal examined is 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).



Comments: _____

Score: _____ IOP: _____ Score: _____ IOP: _____

Combined Score (both eyes): _____

Key	Angle Width	(0-N)	(1-Narrow)	(2-Closed)	(3-Severe)
	Mesodermal Dysgenesis (Area Affected)	0-None	1-Mild < 25%	2-Moderate 25-50%	3-Severe > 75%

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

Veterinarian Signature Specialty: Practitioner, Specialist Date

Fees: No fee for dogs with existing CERF records