

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 Airedale Terriers, Bull Terriers and Mini Bull Terriers Only

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
					Other registry #:	
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 examination (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 _____

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).

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"/> I DID verify tattoo/microchip on this dog	<input type="checkbox"/> I DID NOT verify tattoo/microchip on this dog	
Veterinarian Signature _____		Date _____
Specialty: <input type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist		

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