Office Use Only
APPL _____
RAD _____
CK _____

Orthopedic Foundation for Animals
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www.offa.org
A Not-For-Profit Organization

Office Use Only

Application for Kidney Database

For Norwegian Elkhounds Only

Registered name:			**Registration number:** ❑ AKC ❑ CKC	**Other registry name:** / **Other registry #:**	
Breed:		**Sex:**	**Date of Birth (month-day-year):**		
ID Number (if any): ❑ Tattoo ❑ 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 radiographic evaluation of the animal described on this application to the public if the results are abnormal_____ (initials of registered owner).

Veterinary Information

The purpose of the Norwegian Elkhound kidney database is to identify dogs that have been tested negative for evidence of Familial Renal Disease (FRD). For inclusion in the database the laboratory tests listed below must be performed, the attending veterinarian must enter the lab values in the table below, and enter their final diagnosis based on the laboratory results.

Required Lab Tests	Test Value	Required Lab Tests	Test Value
Urine Specific Gravity	_____	Blood Glucose	_____
Urine Glucose	_____	Blood Urea Nitrogen	_____
Blood Total Protein	_____	Blood Creatinine	_____

Final Diagnosis

Based on the laboratory results attached and summarized on the chart above, I conclude the kidney function of the animal described above is:

❑ Normal ❑ Abnormal ❑ Equivocal

I attest that the above result is valid for this animal.

_____
Veterinarian Signature Date

Fees

Animals over 24 months

- Kidney database $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

Payments can be made by check, money order, (U.S. funds drawn on a U.S. ban 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 and Resubmits are at No Charge