

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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www.offa.org

A Not-For-Profit Organization

Office
 Use
 Only

for Bulldog type breeds only

Application for Tracheal Hypoplasia Database



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:		State:	Zip/postal code:	
Phone:		E-mail:			Phone:		E-mail:		

I hereby certify that the sample submitted is of the animal described on this application. I understand that this information will be part of a confidential database maintained by the OFA for research purposes only.

Signature of owner or authorized representative _____

Veterinary Instructions

A well positioned right lateral of the entire cervical and thoracic trachea is required. The image should be acquired with the patient awake and at peak inspiration.

Remarks

- Normal
- Equivocal
- Hypoplastic
- Other: _____

OFA Signature:

 G. G. Keller, DVM, MS, DACVR
 OFA Chief of Veterinary Services

<input type="checkbox"/> I certify that the standards for examination as set forth by the OFA were carefully followed in performing this examination.		
<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, <input type="checkbox"/> Cardiologist		

OFA Fees

Animals Over 4 Months

- Tracheal Hypoplasia database \$25.00

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)