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

for Bulldog type breeds only

Application for Tracheal Hypoplasia Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: ❑ AKC ❑ CKC	Other registry name: Other registry #:	
Registered name:			Sex:	Color:	
Breed:			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 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

❑ I certify that the standards for examination as set forth by the OFA were carefully followed in performing this examination.
❑ **I DID** verify tattoo/microchip on this dog ❑ **I DID NOT** verify tattoo/microchip on this dog

_____
Veterinarian Signature Specialty: ❑ Practitioner, ❑ Specialist, ❑ Cardiologist Date

OFA Fees

Animals Over 5 Months $20

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)

3/10/08