

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418 | Fax (573) 875-5073
 Email ofa@offa.org | www.offa.org
 A Not-for-Profit Organization

Office
 Use
 Only

Application for Spine Database

Registered name:			AKC registration number:			Other registry name:		
						Other registry #:		
Breed:			Sex:			Date of birth (MM/DD/YY):		
Microchip/tattoo:			Registration number of sire:			Registration number of dam:		
Owner name:			Date of exam (MM/DD/YY):					
Co-owner name:			Examining veterinary clinic:					
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 this information will be part of a confidential spine database maintained by the OFA for research purposes only.

Signature of owner or authorized representative _____

Veterinary Instructions

A lateral and ventrodorsal projection of the entire spine (C₁ through L₇) with good radiographic detail is required.

OFA Certified Radiologist Evaluation

	Cervical							Thoracic													Lumbar						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7
Hemivertebra																											
Butterfly vertebra																											
Block vertebra																											
Transitional vertebra																											
Spina bifida																											

Remarks

- Spondylosis _____
- Other _____

OFA Signature

G. G. Keller, DVM, MS, Chief of Veterinary Services, Diplomate ACVR Date _____

Neurologic Signs

Age at Onset _____ Diagnosis _____

Fees Animals Over 5 Months.....\$20.00

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

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card Number _____ Cardholder name _____ Exp MM/YY _____ CV _____