

Office Use Only  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



# Orthopedic Foundation for Animals

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 Email ofa@offa.org | www.offa.org  
 A Not-for-Profit Organization

Office  
 Use  
 Only

*For Bulldog and Brachycephalic breeds only*

## Application for Tracheal Hypoplasia 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 image submitted is of the animal described on this application. I understand that the radiograph and/or image submitted will be retained by the OFA. I understand that the radiograph and/or image is submitted for evaluation based on the independent, professional judgment of a consulting board-certified veterinary radiologist, and I hereby release the OFA from any and all liability resulting from the evaluation. I understand the OFA will release normal results for dogs over 12 months to the public, and by submitting this application I agree the OFA may do so. Abnormal results will not be released to the public unless the initials of a registered owner or agent appear in the authorization box below.*

**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 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. The patient must be at least 12 months of age in order to receive a tracheal hypoplasia OFA number.

**I DID** verify microchip/tattoo on this dog       **I DID NOT** verify microchip/tattoo on this dog

**Veterinarian Signature** \_\_\_\_\_ Specialty:  Practitioner  Specialist \_\_\_\_\_ Date \_\_\_\_\_

**OFA Fees**    **Animals Over 12 Months**

- Tracheal Hypoplasia database ..... \$25.00

*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 \_\_\_\_\_ CVV \_\_\_\_\_