

Office Use Only
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Orthopedic Foundation for Animals

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

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Application for DNA Based Genetic Database

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

Specific Genetic Disease Test Requested:

For a current list of all DNA tests, labs, and breeds, go to www.ofa.org/diseases/dna-tested-diseases/all-dna-tests

Registered name:		AKC registration number:	Other registry name:	
			Other registry #:	
Breed:	Sex:	Date of birth (month-day-year):		
Microchip/tattoo:		Registration number of sire:	Registration number of dam:	
Owner name:		Co-owner name:		
Mailing address:				
City:	State:	Zip/postal code:	Phone:	E-mail:

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative _____

Fees

- Submission fee/individual disease test result (note-each result in a single panel test incurs the charge) : \$15.00
- A litter of 3 or more submitted together \$30.00 total

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person

- 5 or more individuals submitted for the same DNA test \$7.50 each

Single Dog/Multiple Test Rate

- 3 or more DNA tests submitted on a single dog \$7.50 each

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 _____

Affected dogs at any age are no charge