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.ofa.org
A Not-for-Profit Organization

Office Use Only

Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:			**AKC registration number:**	**Other registry name:** **Other registry #:**	
Breed:		**Sex:**	**Date of birth (MM/DD/YY):**	**Date of exam (MM/DD/YY):**	
Microchip/tattoo:			**Registration number of sire:**	**Registration number of dam:**	
Owner name:			**VETERINARIAN INFORMATION** **Examining veterinary clinic:**		
Co-owner name:			**Mailing address:**		
Mailing address:			**City:**	**State:**	**Zip/postal code:**
City:	**State:**	**Zip/postal code:**	**Phone:**	**Fax:**	
Phone:			**Veterinarian e-mail:**		

Owner e-mail. *Please print one letter/symbol per cell.*

I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

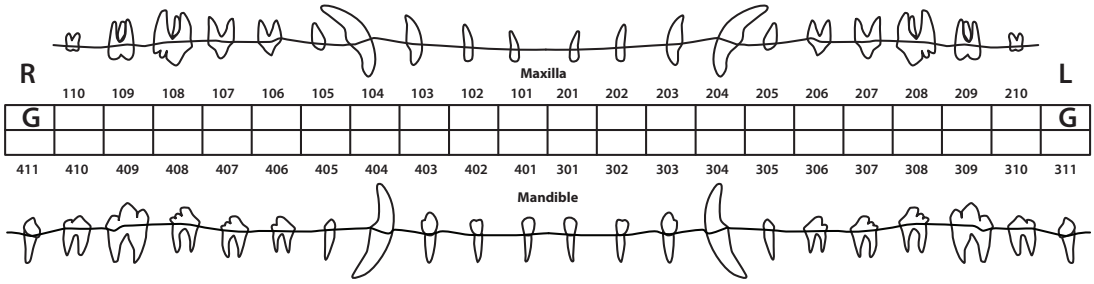
Signature of owner or authorized representative_____

Authorization to Release Abnormal Results, "Open" Database

I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public.*_____ *(initials of registered owner or authorized representative).

Veterinarian Dentition Examination Results

- ☐ Full dentition with all adult (permanent) teeth fully erupted
- ☐ Persistent (retained) deciduous teeth noted with a "P" on the dental chart
- ☐ Missing teeth noted with an "M" on the dental chart
- ☐ Other (please specify) _____



☐ I certify that I have completed the dental exam and marked off the appropriate exam results.

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

Veterinarian Signature Specialty: ☐ Practitioner ☐ Specialist Date

Fees
Individual dog .....$15.00 each
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
Minimum of 5 individuals..... $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 Type: ☐ Visa ☐ Mastercard

Card Number _____ Cardholder name _____ Exp Date MM/YY _____ CVV _____

03/2021

No charge for dogs without full dentition that are placed in the "open" database