

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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

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Only**



Application for Shoulder Osteochondrosis Database

Registered Name: (Please do not include titles)		Registration #:	Additional Registration #:
Call Name:	Breed:	Sex: [M] [F]	Sire <u>Registration</u> #:
Permanent ID:		Birth Date: (mm/dd/yy) / /	Dam <u>Registration</u> #:
Primary Owner Name:		Telephone #:	Veterinary Clinic Name:
Co-Owner(s):		City: ST/PR Zip/Postal Country:	
Mailing Address:		Telephone #:	Date Radiographed: (mm/dd/yy) / /
City: ST/PR Zip/Postal Country:		Veterinarian <u>Email</u> Address:	
Primary Owner <u>Email</u> Address: (Please write carefully and legibly, OFA reports will be emailed to this address)			

I hereby certify that the radiograph submitted is of the animal described on this application. I am aware that the radiographic image will be retained for the records of the Orthopedic Foundation for Animals, Inc. I understand the evaluation is based upon the independent, professional judgment of consulting radiologists, and I hereby release the OFA from any and all liability resulting from the evaluation. 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

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).

Veterinary Information

Required Positioning:

A medial to lateral projection of each shoulder with the shoulder of interest pushed cranially. To prevent superimposition the opposite shoulder should be moved caudally by taking the paw of that limb toward the pelvis.

Has the animal experienced any lameness?

☐ Yes ☐ No

Limb: ☐ Right ☐ Left

Fees

Animals over 12 Months

Shoulder evaluation by itself \$35
 Shoulder in addition to hips and/or elbows \$5
 Litter of 3 or more submitted together \$100

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

Minimum of 5 individuals.....\$25 per study

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

Veterinarian Signature _____

Specialty: ☐ Practitioner ☐ 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 _____

CW _____

OFA Database

The shoulder database of the OFA is a voluntary program established to evaluate shoulder radiographs and to identify films showing no radiographic evidence of osteochondrosis (OCD), degenerative joint disease (DJD), or other orthopedic problems. All films submitted that are of acceptable diagnostic quality will be reviewed by a qualified veterinary radiologist and a report will be returned to the owner of record and to the referring veterinarian. Only animals that are 12 months of age or older to the day at the time of radiography, with no radiographic evidence of OCD, will be assigned a breed OFA number. The OFA does offer a consultation service for dogs under 12 months of age.