

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

Office
Use
Only

Application for Spine Database

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

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							
1	2	3	4	5	6	7	
Hemivertebra							
Butterfly vertebra							
Block vertebra							
Transitional vertebra							
Spina bifida							

Thoracic												
1	2	3	4	5	6	7	8	9	10	11	12	13

Lumbar						
1	2	3	4	5	6	7

Remarks

Spondylosis _____
 Other _____

Neurologic Signs

Age at Onset _____ Diagnosis _____

OFA Signature

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

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

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

CVV