

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 <u>Registration</u> #:		Dam <u>Registration</u> #:	
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 <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 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							Thoracic													Lumbar						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7
Hemivertebra																											
Butterfly vertebra																											
Block vertebra																											
Transitional vertebra																											
Spina bifida																											

Remarks

- ☐ Spondylosis _____
- ☐ Other _____

OFA Signature

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

Neurologic Signs

Age at Onset _____ Diagnosis _____

Fees

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

<input type="checkbox"/> I DID verify microchip/tattoo on this dog		<input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog	
Veterinarian Signature		Specialty: <input type="checkbox"/> Practitioner <input type="checkbox"/> 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 _____ CV _____