

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

Office Use Only

Application for Spine Database for Bulldogs, French Bulldogs, and Boston Terriers Only

Registered name:			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name:		
						Other registry #:		
Breed:			Sex:			Date of Birth (month-day-year):		
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:			Registration number of dam:		
Owner name:			Date of exam (month-day-year):					
Co-Owner name:			Examining veterinarian's name or veterinary hospital:					
Mailing address:			Mailing Address:					
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:
Phone:		E-mail:		Phone:		E-mail:		

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

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

 Visa/Master Card Number Name on Card Exp Date CVV (security code)