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

Registered name:			Registration number: ❑ AKC ❑ CKC	Other registry name: Other registry #:	
Breed:		Sex:	Date of Birth (month-day-year):		
ID Number (if any): ❑ Tattoo ❑ 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 (C_1 through L_7) 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 _____

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

_____

Veterinarian Signature Specialty: ❑ Practitioner, ❑ 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) _____

8/25/11