

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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www.offa.org

A Not-For-Profit Organization

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Application for DNA Based Genetic Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Specific Genetic Disease Test Requested:

For a current list of all DNA tests, labs, and breeds, go to www.offa.org/dna_alltest.html

Registered name:		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
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:			Co-Owner name:		
Mailing address:					
City:	State:	Zip/postal code:	Phone:	E-mail:	

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative _____

Fees

- Submission fee/individual \$15.00
 - A litter of 3 or more submitted together \$30.00 total
- Kennel rate:** Individuals submitted as a group, owned/co-owned by the same person
- 5 or more individuals submitted for the same DNA test \$7.50 each
- Single Dog/Multiple Test Rate**
- 3 or more DNA tests submitted on a single dog \$7.50 each

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)

Affected dogs at any age are no charge