

**Office Use Only**  
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# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201  
 Phone (573) 442-0418 | Fax (573) 875-5073  
 Email: ofa@offa.org | Website: www.ofa.org  
 A Not-for-Profit Organization

**Office Use Only**

## Application for Dentition Database

*Adult teeth must be fully erupted for evaluation*

Registered name:			AKC registration number:		Other registry name:	
Breed:			Sex:		Other registry #:	
Microchip/tattoo:			Date of birth (MM/DD/YY):		Date of exam (MM/DD/YY):	
Owner name:			Registration number of sire:		Registration number of dam:	
Co-owner name:			Examining veterinary clinic: <b>Cindy Hooper, D.V.M.</b>			
Mailing address:			Mailing address: <b>PO Box 6752</b>			
City:			City: <b>Aurora</b>		State: <b>IL</b>	Zip/postal code: <b>60598</b>
State:			Phone: <b>812-240-2441</b>		Fax:	
Zip/postal code:			Veterinarian e-mail: <b>thevetforyourpets@gmail.com</b>			
Phone:						

**Owner e-mail.** Please print one letter/symbol per cell.

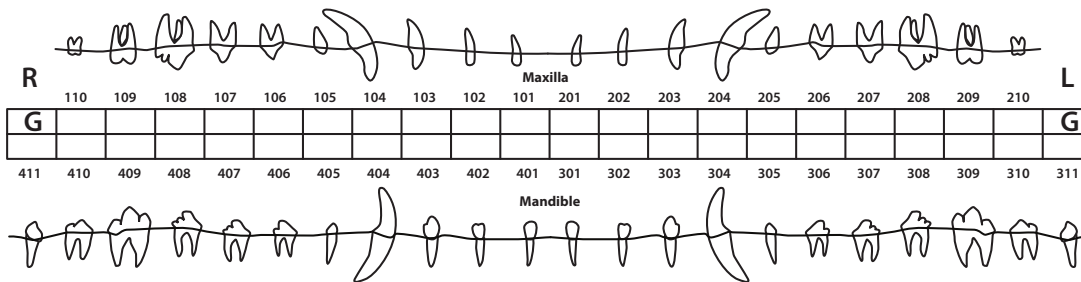
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I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, the results will be released to the public.

**Signature of owner or authorized representative** \_\_\_\_\_

### Veterinarian Dentition Examination Results

- Full dentition with all adult (permanent) teeth fully erupted
- Missing teeth noted with an "M" on the dental chart
- Persistent (retained) deciduous teeth noted with a "P" on the dental chart
- Other (please specify) \_\_\_\_\_



<input type="checkbox"/> I certify that I have completed the dental exam and marked off the appropriate exam results.	
<input type="checkbox"/> I DID verify microchip/tattoo on this dog	<input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog
<b>Veterinarian Signature</b> _____	Specialty: <input type="checkbox"/> Practitioner <input type="checkbox"/> Specialist
	Date _____

**Fees** Individual dog .....\$15.00 each  
 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  
 Minimum of 5 individuals..... \$10.00 each

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 Type:**  Visa  Mastercard

Card Number \_\_\_\_\_ Cardholder name \_\_\_\_\_ Exp Date MM/YY \_\_\_\_\_ CVV \_\_\_\_\_

Submit thru <https://online.ofa.org> - OR - provide payment details here if mailing or emailing