

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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Only**

Application for Craniomandibular Osteopathy Database

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:		Date radiograph taken (month-day-year):		Film no.:	
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 radiograph submitted is of the animal described on this application. I am aware that the radiographic image will be retained for the records of the Orthopedic Foundation for Animals, Inc. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its radiographic evaluation of the animal described on this application to the public if the results are abnormal _____ (initials of registered owner).

Veterinary Information

This animal was restrained using:

- Physical Restraint only _____
- Chemical Restraint
 - Anesthesia _____ type _____
 - Tranquilizer _____ type _____
 - Other _____ type _____

Instructions

The required radiographic views are lateral and ventrodorsal projections of the skull.

Radiographs should be permanently identified in the film emulsion with:

- Registered name and/or number
- Name of veterinarian or hospital making the film
- Date of radiograph taken

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

Veterinarian Signature _____

Specialty: Practitioner, Specialist

Date _____

Fees
Animals Over 3 Months

• Craniomandibular osteopathy database \$25.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

• Minimum of 5 individuals \$15.00 per study

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 Animals and Resubmits at No Charge