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:** ❑ 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