

**Office Use Only**  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



# Orthopedic Foundation for Animals

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

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 Only**

## Application for Spine Database

<b>Registered name:</b>			<b>AKC registration number:</b>			<b>Other registry name:</b>		
						<b>Other registry #:</b>		
<b>Breed:</b>			<b>Sex:</b>			<b>Date of birth (MM/DD/YY):</b>		
<b>Microchip/tattoo:</b>			<b>Registration number of sire:</b>			<b>Registration number of dam:</b>		
<b>Owner name:</b>			<b>Date of exam (MM/DD/YY):</b>					
<b>Co-owner name:</b>			<b>Examining veterinary clinic:</b>					
<b>Mailing address:</b>			<b>Mailing address:</b>					
<b>City:</b>		<b>State:</b>	<b>Zip/postal code:</b>		<b>City:</b>		<b>State:</b>	<b>Zip/postal code:</b>
<b>Phone:</b>		<b>E-mail:</b>		<b>Phone:</b>		<b>E-mail:</b>		

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<sub>1</sub> through L<sub>7</sub>) 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 \_\_\_\_\_

### OFA Signature

G. G. Keller, DVM, MS, Chief of Veterinary Services, Diplomate ACVR      Date \_\_\_\_\_

### Neurologic Signs

Age at Onset \_\_\_\_\_ Diagnosis \_\_\_\_\_

### Fees

Animals Over 5 Months.....\$20.00

<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 _____

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 Number \_\_\_\_\_ Cardholder name \_\_\_\_\_ Exp MM/YY \_\_\_\_\_ CV \_\_\_\_\_