Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201 Phone (573) 442-0418; Fax (573) 875-5073 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:			
				Other registry #:			
Breed:		Sex:		Date of birth (MM/DD/YY):	Date of exam (MM/DD/YY):		
Microchip/tattoo:				Registration number of sire:	Registration number of dam:		
Owner name:				Examining veterinary clinic:			
Co-owner name:			FORMAT	Mailing address:			
Mailing address:			ARIAN IN	City:	State:	Zip/postal code:	
City:	State:	Zip/postal code:	VETERIN	Phone:	Fax:		
Phone:		1	÷	Veterinarian e-mail:	I		
Owner e-mail. Please pri	int one letter/symbol per cell.						

I hereby certify that the information submitted is of the animal described on this application. 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

Office Use Only

APPL

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terinar	rian Dentition Examination Results
Full dent	tition with all adult (permanent) teeth fully erupted Image: Missing teeth noted with an "M" on the dental chart Image: Missing teeth noted with a "P" on the Image: Missing teeth noted with an "M" on the dental chart Image: Missing teeth noted with a "P" on the Image: Missing teeth noted with an "M" on the dental chart Image: Missing teeth noted with a "P" on the Image: Missing teeth noted with an "M" on the dental chart
I DID ver	nat I have completed the dental exam and marked off the appropriate exam results. rify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog In Signature Specialty: Practitioner Specialist Date
es Individ	dual dog

Card Number

Cardholder name

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No charge for dogs without full dentition that are placed in the "open" database