

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**

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

| | | | | | | | | | |
|--|--|---------|--|--|--------|-----------------------------|---------|------------------|--|
| Previous application number (if any): | | | Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC | | | Other registry name: | | | |
| Registered name: | | | Sex: | | | Other registry #: | | | |
| Breed: | | | 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 of current evaluation (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 (C₁ through L₇) with good radiographic detail is required.

OFA Certified Radiologist Evaluation

| | Cervical | | | | | | |
|-----------------------|----------|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Hemivertebra | | | | | | | |
| Butterfly vertebra | | | | | | | |
| Block vertebra | | | | | | | |
| Transitional vertebra | | | | | | | |
| Spina bifida | | | | | | | |

| | Thoracic | | | | | | | | | | | | |
|--|----------|---|---|---|---|---|---|---|---|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | | | | | | | | | | | | | |
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| | Lumbar | | | | | | |
|--|--------|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | |
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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

| | | |
|------------------------------|-----------------|------------|
| Veterinarian Signature _____ | Specialty _____ | 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) _____