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.ofa.org
A Not-for-Profit Organization

Office Use Only

Application for Kidney Database

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:			**VETERINARIAN INFORMATION** → **Examining veterinary clinic:**		
Co-owner name:			**Mailing address:**		
Mailing address:			**City:**	**State:**	**Zip/postal code:**
City:	**State:**	**Zip/postal code:**	**Phone:**	**Fax:**	
Phone:			**Veterinarian e-mail:**		

Owner e-mail. *Please print one letter/symbol per cell.*

I hereby certify that the test submitted is of the animal described on this application. I understand that by submitting these results to the OFA, the results may be released to the public.

Signature of owner or authorized representative _____

Veterinary Information

_____ Normal: < 0.5 UP/UC Ratio _____ Abnormal: > 0.5 UP/UC Ratio _____ Actual Value Reported

❑ I attest that the above result is valid for this animal.
❑ **I DID** verify microchip/tattoo on this dog ❑ **I DID NOT** verify microchip/tattoo on this dog

_____

Veterinarian Signature Specialty: ❑ Practitioner ❑ Specialist Date

Fees Kidney database $15.00

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 Type: ❑ Visa ❑ MasterCard

_____ Card Number
_____ Name on Card
_____ Exp Date MM/YY
_____ CVV