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Orthopedic Foundation for Animals

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

Office Use Only

Application for Hip/Elbow Dysplasia Database

Registered name: AIYERBROTHERS PUA		AKC registration number: SS21570401	Other registration # (if any)
Breed: LABRADOR RETRIEVER	Sex: F	Date of birth (MM/DD/YY): 09/20/2020	Date radiograph taken (MM/DD/YY):
Microchip/tattoo: 981020037653931		Registration number of sire: SR85080304	Registration number of dam: SR99368402
Owner name: RAMDAS VAIDYANATHAN	VETERINARIAN INFORMATION Examining veterinary clinic: FARRIS VETERINARY CLINIC Mailing address: 2401 W STEWART AVE City: PUYALLUP State: WA Zip/postal code: 98371 Phone: (253) 845-2673 Fax: Veterinarian e-mail: FARRISVET@GMAIL.COM		
Co-owner name: VIRGINIA KROSEVIC			
Mailing address: 2117 28TH ST SE			
City: PUYALLUP State: WA Zip/postal code: 98372			
Phone: (425) 283-3229			

Owner e-mail.

AIYERBROTHERS@GMAIL.COM

I hereby request the OFA to provide a hip and/or elbow evaluation of the animal described on this application. I certify that the image submitted is of this animal and that neither the pelvic nor the elbow conformation have been surgically altered. I understand that the image submitted will be retained by the OFA, understand that the image is submitted for a consensus evaluation based on the independent, professional judgment of consulting board-certified veterinary radiologists, and I hereby release the OFA from any and all liability resulting from the consensus evaluation. I understand the OFA will release all normal hip and/or elbow results for animals over 24 months to the public, and by submitting this application I agree the OFA may do so. Normal hip results are defined as a consensus evaluations of Excellent, Good, or Fair and normal elbow results are defined as consensus evaluations of Normal. Abnormal hip and/or elbow results (including borderline results) will not be released to the public unless the initials of a registered owner or authorized representative appear in the box below. **Results for Animals under 24 months will only be released and published if all criteria described on page 2 of this application have been met.** By submitting this hip and/or elbow application I agree to the associated current OFA evaluation fees and understand that no results will be released or reported until all related charges are paid in full.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal RV (Initials of registered owner or authorized representative).

Veterinary Information

This animal was restrained using: Physical restraint only Chemical restraint
 I DID verify the microchip/tattoo information on this dog I DID NOT verify the microchip/tattoo information on this dog
Only dogs with Verified Permanent Identification (VPI) will have their results transmitted to the AKC for inclusion in their registration and pedigree documents

Veterinarian Signature _____

Fees

Animals Over 24 Months

- Hip evaluation.....\$45.00
- Elbow evaluation..... \$45.00
- Hip and elbow evaluations submitted together.....\$50.00
- Litter of 3 or more submitted together.....\$120.00

Animals Under 24 Months

- Preliminary hip evaluation.....\$35.00
- Preliminary elbow evaluation.....\$35.00
- Preliminary hip and elbow evaluations submitted together.....\$40.00
- Litter of 3 or more submitted together.....\$100.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person, < or > 24 months
 • Minimum of 5 individuals.....\$25 per study

See instructions on page 2

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.

Party responsible for payment is: Veterinarian Owner/co-owner Other Card type: Visa MasterCard

4003 4489 154 19022
 Card number

RAMDAS VAIDYANATHAN
 Cardholder name

06/23
 Exp date MM/YY

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 CW