



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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www.offa.org, A not-for-profit organization

Registered name:	
Call name:	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate
Breed:	Gender:
Sire Registration #:	Dam Registration #:
ID Number (if any):	<input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip
Registration Number:	<input type="checkbox"/> AKC <input type="checkbox"/> Other
Date of Birth: (MMDDYY)	Date of Exam: (MMDDYY)
Owner Name:	
Co-Owner Name:	Phone:
Owner Address:	
City:	State: Zip/postal code:
E-Mail (use both lines if needed):	

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____