

Visa/Master Card Number Name on Card Exp Date CVV (security code)

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.

Fees: Animals Over 12 Months: \$15.00 Litter of 3 or more submitted together: \$30.00 Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers.

Veterinarian Signature: [Signature] I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination. I DID NOT verify tattoo/microchip on this dog. I DID verify tattoo/microchip on this dog.

Veterinary Instructions: Clinical findings based on cardiac auscultation is required. Describe any cardiac murmurs: A soft (grade 1 or grade 2) murmur. Normal heart sounds without a cardiac murmur. Auscultation was performed after exercise and revealed: Auscultation reveals a moderate to loud heart murmur. Auscultation reveals a soft (grade 1 or grade 2) murmur at rest. Summary evaluation and opinion of the examiner: Abnormal cardiovascular examination indicative of congenital heart disease.

Authorization to Release Abnormal Results: I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public. Authorization to Collect Statistical Data: I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes.

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public. Signature of owner or authorized representative: [Signature]

Registration information table with fields: Registered name, Breed, Sex, Date of Birth, Registration number, Mailing address, Co-owner name, Examining veterinarian's name, City, State, Zip/postal code, Phone, E-mail.

Application for Congenital Cardiac Database



Orthopedic Foundation for Animals 2300 E. Nifong Blvd, Columbia, MO 65201-3806 Phone: (573) 442-0418; Fax: (573)875-5073 www.ofa.org A Not-For-Profit Organization



Office Use Only stamp with fields: APPL, RAD, CK

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eligible for OFA numbers

Fees: Animals over 12 months \$15.00 each; A litter of 3 or more submitted together \$30.00 total; Individuals submitted as a group, owned/co-owned by the same person Minimum of 5 individuals \$7.50 each

Veterinarian Signature section with handwritten signature and checkboxes for OFA procedure and tattoo verification.

Patellar Luxation Examination Results section with checkboxes for normal/luxated status, age of onset, and luxation is/grade.

Authorization to Release Abnormal Results section with a signature line and explanatory text.

Signature of owner or authorized representative section with a handwritten signature.

Registration information table with fields for name, address, phone, email, registration number, and date of birth.

Application for Patellar Luxation Database

Orthopedic Foundation for Animals contact information including address, phone, and website.



Office Use Only section with checkboxes for CK, RAD, and APPL.

Office Use Only section with checkboxes for APPL, RAD, and CK.

See next page for litter submission form and examination protocol

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Affected Animals and Resubmits at No Charge

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.
 • Per dog\$15.00
 • Litter of 3 or more submitted together\$30.00
 • Minimum of 5 individuals\$7.50 each

Fees • Kennel Rate, individuals submitted as a group, owned/co-owned by the same person\$15.00
 • Minimum of 5 individuals\$7.50 each

I certify that the above result is valid for this animal
 I DID verify on this dog
 I DID verify on all puppies on attached litter form) I DID NOT verify
 Veterinarian/Audiologist Signature _____ Date _____
 Specialty _____

Hearing (Normal) Equivocal Deaf Bilateral Unilateral

Bilateral hearing passes the test. Unilateral or bilateral deafness fails.

The Brainstem Auditory Evoked Response (BAER) test is the only accepted method of diagnosis. Bone stimulation transducer may be used in addition when conduction deafness is suspected.
 OFA recommends this test be performed by board certified veterinary neurologists, but will accept test results from experienced veterinarians, neuroscience professionals, and audiologists. One test suffices for the lifetime of the animal.

Veterinary Instructions

A photocopy of the test result is required to process this application.

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. (Initials of registered owner) _____

I hereby certify that the animal examined is 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 _____

Registered name: CH Bar Wally Poised on Blueberry Hill	Registration number: RN 28047301	Other registry #: ATW 483	Other registry name: UCC
Breed: American Hairless Terrier	Sex: Male	Date of Birth (month-day-year): 10/21/2014	Registration number of dam: NP 35803105
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	Registration number of sire: NP 35012907	Date of current evaluation (month-day-year): 7/23/2016	Owner name: Angle Claussen
Co-owner name: Mandy Rose	Examining veterinarian's name or veterinary hospital: MIKE FREEMAN DVM	Mailing address: 612 Private Road 7005	City: Cleveland
State: TX	Zip/postal code: 77327	State: TX	Zip/postal code: 75117
Phone: 713-594-3032	E-mail: poiseau@me.com	Phone: 214-914-9831	E-mail: _____

Application for Congenital Deafness Database

Office Use Only

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
 Appl _____
 RAD _____
 CK _____



UFI

Mike Freeman, D.V.M.
612 Private Rd 7005
Edgewood, TX 75117

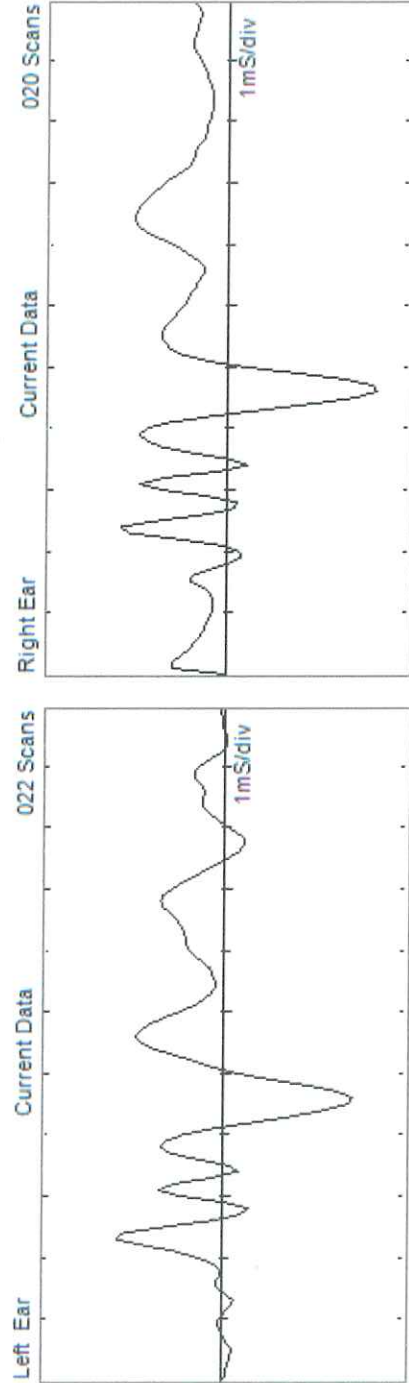
MIRN28047301

07-23-2016

09:46

214 914 9834

(1 "Scan" = 100 BAER Data Collection Passes)



Claussen

Am. Hairless Terr

Signature/Date: 