

Bee

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
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Application for Patellar Luxation Database

Registered name:
 Keepsake's Sweet As Honey

Breed:
Goldendoodle

ID Number (if any): Tattoo Microchip

956000005218367

Owner name:
Robin Knox

Co-Owner name:

Mailing address:
3327 Grenfall Rd

| | | | | | |
|------------|---------------------------|------------------|--------------|---------|------------------|
| City: | State: | Zip/postal code: | City: | State: | Zip/postal code: |
| Norton | OH | 44203 | Canal Fulton | OH | 44614 |
| Phone: | E-mail: | | Phone: | E-mail: | |
| 3306208305 | Keepsakedoodles@gmail.com | | 3308542666 | | |

Registration number: AKC CKC

Other registry name: **GANA**

Other registry #: 012105

Date of Birth (month-day-year):
04/18/2017

Registration number of sire:
GANA-008525

Registration number of dam:
GANA-009204

Date of evaluation (month-day-year):
08/14/2018

Examining veterinarian's name or veterinary hospital:
Fulton Animal Hospital

Mailing Address:
812 Cherry St E

I hereby certify that the information submitted is of 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

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).

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

| | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> bilateral | <input type="checkbox"/> right | <input type="checkbox"/> left |
| <input type="checkbox"/> unilateral: | <input type="checkbox"/> medial | <input type="checkbox"/> lateral |
| <input type="checkbox"/> luxated: | <input type="checkbox"/> intermittent | <input type="checkbox"/> permanent |
| <i>luxation is:</i> | <input type="checkbox"/> < 2 months | <input type="checkbox"/> 2-6 months |
| <i>age of onset:</i> | <input type="checkbox"/> 6-12 months | <input type="checkbox"/> > 12 months |

3. Classification of luxation

- Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- Grade 3**—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- Grade 4**—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I certify that the examination was performed according to the OFA procedure.

I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Deanne Stewart DVM

8-14-18

Veterinarian Signature

Specialty: Practitioner, Specialist

Date

Fees Animals over 12 months.....\$15.00 each
 A litter of 3 or more submitted together.....\$30.00 total

Kennel rate:

Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 individuals \$7.50 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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)

4/11/12

Affected dogs and resubmits are no charge