

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](http://www.offa.org)

A Not-For-Profit Organization

Colby  
Office  
Use  
Only

## Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:  
Keepsake's Mini Colby

Breed:  
Goldendoodle

ID Number (if any):  Tattoo  
956000007767465

Owner name:  
Robin Knox

Co-Owner name:

Mailing address:  
3327 Grenfall Rd

City:  
Norton

Phone:  
3306208305

Sex:  
Male  
 Microchip

State: OH  
Zip/postal code: 44203

AKC Registration Number:

Date of Birth (MM/DD/YY):  
02/09/18

Registration number of sire:  
GANA-010870

Other registry name: GANA

Other registry #: 013098

Date of exam (MM/DD/YY):  
10/17/18

Registration number of dam:  
GANA-009206

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

Mailing Address:  
812 Cherry St E

City:  
Canal Fulton  
Phone: 3308542666  
Veterinarian Email:

State: OH  
Zip/postal code: 44614  
FAX #:

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

k e e p s a k e d o o d l e s @ g m a i l . c o m

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

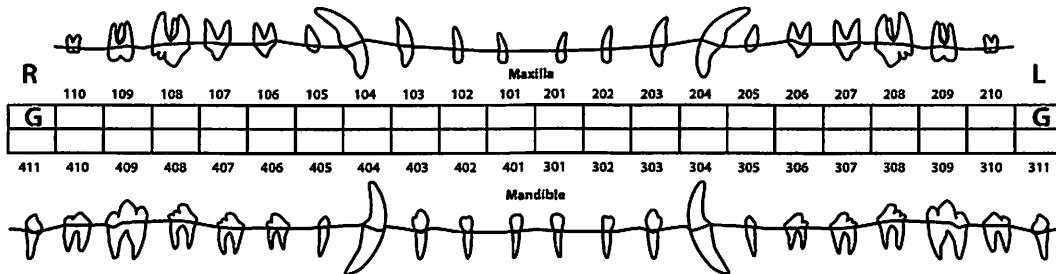
### Authorization to Release Abnormal Results, "Open" Database

I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public. \_\_\_\_\_ (Initials of registered owner).

### Veterinarian Dentition Examination Results

Full dentition with all adult (permanent) teeth fully erupted  
 Persistent (retained) deciduous teeth noted with a "P" on the dental chart

Missing teeth noted with an "M" on the dental chart  
 Other (please specify) \_\_\_\_\_



I certify that I have completed the dental exam and marked off the appropriate exam results.

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

Veterinarian Signature

Specialty:  Practitioner,  Specialist

10-17-18

Date

Fees Individual dog ..... \$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

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. \$7.50 each

Card Type:  Visa  MasterCard

Card Number

Cardholder Name

Exp. (MM|YY)

CVV

07/21/14

No charge for dogs without full dentition that are placed in the "open" database