

Colby

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

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Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:
Keepsake's Mini ColbyBreed:
GoldendoodleID Number (if any): ☐ Tattoo
956000007767465Owner name:
Robin Knox

Co-Owner name:

Mailing address:
3327 Grenfall RdCity:
NortonPhone:
3306208305State:
OHZip/postal code:
44203

AKC Registration Number:

Date of Birth (MM/DD/YY):
02/09/18Registration number of sire:
GANA-010870

Other registry name: GANA

Other registry #: 013098

Date of exam (MM/DD/YY):
10/17/18Registration 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
	State: OH
	Zip/postal code: 44614
	Phone: 3308542666
	FAX #:
	Veterinarian Email:

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.

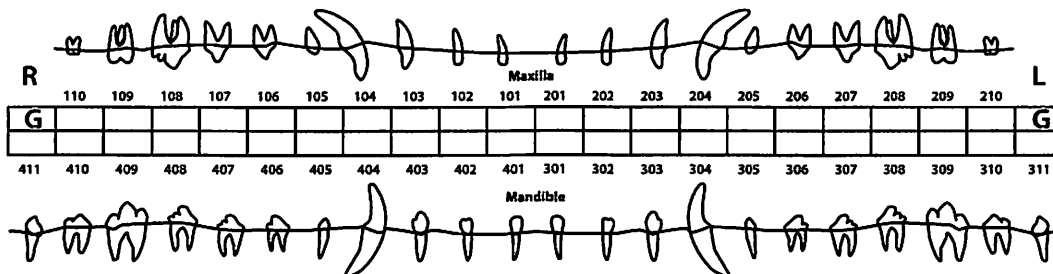
Signature of owner or authorized representative _____

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

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\$7.50 each

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.

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