


From: Melissa Farmer farmerdoodles@reagan.com
Subject: Patella let me know if this not clear
Date: Sep 22, 2017, 3:18:50 PM
To: Keepsake keepsakedoodles@gmail.com

APPL. _____ RAO _____ CK _____		 Orthopedic Foundation for Animals 2300 E. Nimitz Blvd. Columbia, MO 65201-3806 Phone: (573) 442-0418, Fax: (573) 875-5073 www.ofa.org A Non-Profit Organization		Office Use Only	
Application for Patellar Luxation Database					
Registered name: Farmerdoodles Lanky		Registration number: <input type="checkbox"/> MC <input type="checkbox"/> CC		Other registry name: Other registry #:	
Breed: Goldenoodle		Sex: M		Date of birth (month-day-year): 12-10-16	
ID number (if any): 7E10152329		Microchip		Registration number of dam:	
Owner name: Melissa Farmer		Date of evaluation (month-day-year): 9-22-17		Examining veterinarian's name or veterinary hospital:	
Co-owner name:		Mailing address: 3009 Chestnut Hill Dr.		Mailing address: Dr. Richard L. Roberts	
City: Madison		State: OH		City: Madison	
Phone: (530) 241-4805		Zip/postal code: 44756		State: OH	
Email: farmerdoodles@reagan.com		Phone: (330) 722-1138		Email: _____	
I hereby certify that the information submitted is of the animal described on this application, understood 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 <input checked="" type="checkbox"/> right <input checked="" type="checkbox"/> left					
2. Patellar Luxation <input type="checkbox"/> bilateral <input type="checkbox"/> unilateral: <input type="checkbox"/> right <input type="checkbox"/> left					
luxation is: <input type="checkbox"/> medial <input type="checkbox"/> lateral					
age of onset: <input type="checkbox"/> intermittent <input type="checkbox"/> permanent					
<input type="checkbox"/> < 2 months <input type="checkbox"/> 2-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> > 12 months					
3. Classification of luxation					
<input type="checkbox"/> Grade 1—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.					
<input type="checkbox"/> Grade 2—There is frequent patellar luxation which, in some cases becomes more or less permanent.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> I DID verify tattoo/microchip on this dog <input type="checkbox"/> I DID NOT verify tattoo/microchip on this dog					
Veterinarian Signature _____ Date 9-22-17					
Specialty: <input checked="" type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist					
Fees					
Animals over 12 months: \$15.00 each					
A litter of 3 or more submitted together: \$30.00 total					
Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers					
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).					
Visa/Master Card Number _____		Name on Card _____		Exp. Date _____	
4/11/12		Affected dogs and resubmits are no charge		CVV (security code) _____	

Melissa 🐶