

Mia

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

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## Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:

Keepsake's It's A Love Thing

Breed:

Goldendoodle

Sex:

Female

ID Number (if any):

956000009996261

☐ Tattoo

☒ Microchip

Owner name:

Robin Knox

Co-Owner name:

AKC Registration Number:

Date of Birth (MM/DD/YY):

08/11/2017

Registration number of sire:

GAN-009205

Other registry name: GANA

Other registry #: 012095

Date of exam (MM/DD/YY):

10/17/2018

Registration number of dam:

GAN-010876

Mailing address:

3327 Grenfall Rd

City:

Norton

State:

OH

Zip/postal code:

44203

Phone:

3306208305

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).

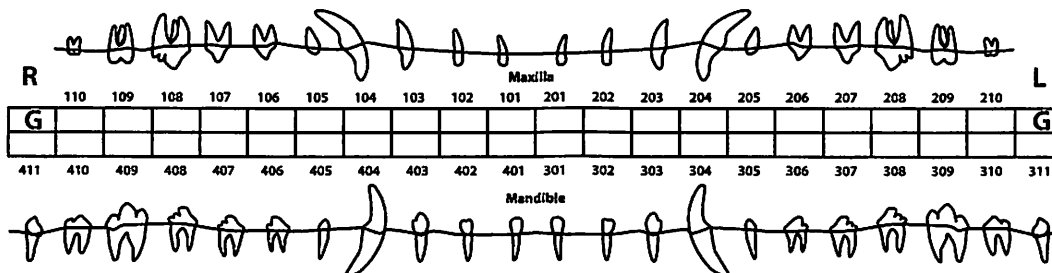
### Veterinarian Dentition Examination Results

☒ Full dentition with all adult (permanent) teeth fully erupted

☐ Missing teeth noted with an "M" on the dental chart

☐ Persistent (retained) deciduous teeth noted with a "P" 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

10-17-18

**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)

CW

07/21/14

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