

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

A Not-For-Profit Organization

Office
Use
Only

Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name:
Keepsake's It's A Love Thing

Breed:
Goldendoodle

ID Number (if any):
956000009996261

Owner name:
Robin Knox

Co-Owner name:

Mailing address:
3327 Grenfall Rd

City:
Norton

Phone:
3306208305

Sex:
Female

Microchip

State:
OH

Zip/postal code:
44203

AKC Registration Number:

Date of Birth (MM/DD/YY):
08/11/2017

Registration number of sire:
GANA-009205

Other registry name: GANA

Other registry #: 012095

Date of exam (MM/DD/YY):
10/17/2018

Registration number of dam:
GANA-010876

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

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

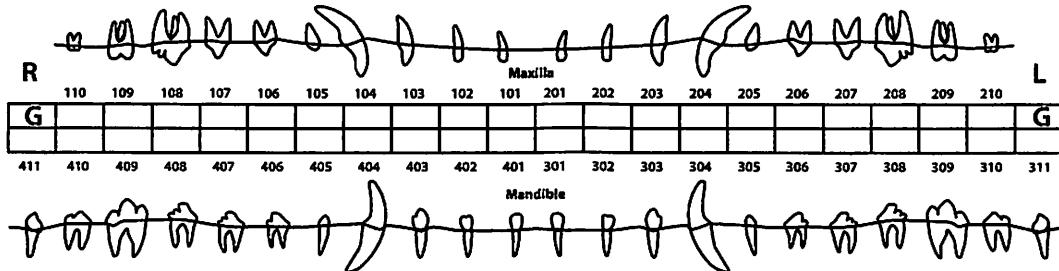
Authorization to Release Abnormal Results, "Open" Database

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

10-17-18

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)

07/21/14

CVV

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