

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.ofa.org
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Application for Patellar Luxation Database

Registered name:
Farmer Doodle's Winston

Breed:
Goldendoodle

ID Number (if any): **01134-21C3**
 Tattoo

Microchip

Owner name:
April Cliber

Co-Owner name:
Carrie Loveday

Mailing address:
12220 Hill Rd

City: **Goodrich**
 State: **MI**
 Zip/postal code: **48438**
 Phone: **8106101004**
 E-mail: **cliberdoodle@yahoo.com**

Registration number: AKC CKC

Other registry name:
 Other registry #: _____

Date of Birth (month-day-year):
6-16-2014

Registration number of sire: _____

Registration number of dam: _____

Date of evaluation (month-day-year):
2-9-2015

Examining veterinarian's name or veterinary hospital:
Dr. C. C. Cliber

Mailing Address:
7485 S State Rd 70 Box 65

City: **Goodrich**
 State: **MI**
 Zip/postal code: **48438**
 Phone: **810-636-7387**
 E-mail: **April.Vet@gmail.com**

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

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

right left

2. Patellar Luxation

<input type="checkbox"/> bilateral	<input type="checkbox"/> right	<input type="checkbox"/> left
<input type="checkbox"/> unilateral:	<input type="checkbox"/> medial	<input type="checkbox"/> lateral
<input type="checkbox"/> luxated:	<input type="checkbox"/> intermittent	<input type="checkbox"/> permanent
<i>luxation is:</i>	<input type="checkbox"/> < 2 months	<input type="checkbox"/> 2-6 months
<i>age of onset:</i>	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> > 12 months

3. Classification of luxation

- Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- 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.
- 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.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

2/9/15

Veterinarian Signature

Specialty: Practitioner, Specialist

Date

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

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.

Visa/Master Card Number

Name on Card

Exp Date

CVV (security code)

4/11/12

Affected dogs and resubmits are no charge