

**Office Use Only**  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



**Orthopedic Foundation for Animals**

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*www.offa.org*

A Not-For-Profit Organization

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**Application for Kidney Database  
For Norwegian Elkhounds Only**

*Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers*

Previous application number (if any):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name:			
						Other registry #:			
Registered name:			Sex:			Color:			
Breed:			Date of Birth (month-day-year):						
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:			Registration number of dam:			
Owner name:			Date radiograph taken (month-day-year):						
Co-Owner name:			Examining veterinarian's name or veterinary hospital:						
Mailing address:			Mailing Address:						
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:	
Phone:		E-mail:			Phone:		E-mail:		

*I hereby certify that the test 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 radiographic evaluation of the animal described on this application to the public if the results are abnormal \_\_\_\_\_ (initials of registered owner).*

**Veterinary Information**

The purpose of the Norwegian Elkhound kidney database is to identify dogs that have been tested negative for evidence of Familial Renal Disease (FRD). For inclusion in the database the laboratory tests listed below must be performed, the attending veterinarian must enter the lab values in the table below, and enter their final diagnosis based on the laboratory results.

<b>Required Lab Tests</b>	<b>Test Value</b>	<b>Required Lab Tests</b>	<b>Test Value</b>
Urine Specific Gravity	_____	Blood Glucose	_____
Urine Glucose	_____	Blood Urea Nitrogen	_____
Blood Total Protein	_____	Blood Creatinine	_____

**Final Diagnosis**

Based on the laboratory results attached and summarized on the chart above, I conclude the kidney function of the animal described above is:

Normal  Abnormal  Equivocal

I attest that the above result is valid for this animal.

Veterinarian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fees Animals over 24 months**

- Kidney database..... \$15.00
- Litter of 3 or more submitted together..... \$30.00

**Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals .....\$7.50 per study

*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)

*Affected Animals and Resubmits are at No Charge*