

**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

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**Application for Congenital Deafness Database**

*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:		
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 of current evaluation (month-day-year):				
Co-Owner name:			Veterinarian/audiologist performing this test:				
Mailing address:			Mailing Address:				
City:		State:	Zip/postal code:		City:		
State:		Zip/postal code:		State:		Zip/postal code:	
Phone:		E-mail:		Phone:		E-mail:	

I hereby certify that the animal examined is 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).*

**A photocopy of the test result is required to process this application.**

**Veterinary Instructions**

The Brainstem Auditory Evoked Response (BAER) test is the only accepted method of diagnosis. Bone stimulation transducer may be used in addition when conduction deafness is suspected.

OFA recommends this test be performed by board certified veterinary neurologists, but will accept test results from experienced veterinarians, neuroscience professionals, and audiologists. One test suffices for the lifetime of the animal.

*Bilateral hearing passes the test. Unilateral or bilateral deafness fails.*

Hearing (Normal)  Equivocal  Deaf \_\_\_\_\_ Bilateral \_\_\_\_\_ Unilateral

I certify that the above result is valid for this animal

**Tattoo/Microchip Verification:**  I DID verify on this dog ( I DID verify on all puppies on attached litter form)  I DID NOT verify

\_\_\_\_\_  
**Veterinarian/Audiologist Signature** Specialty Date

**Fees**  
 • Per dog .....\$15.00  
 • Litter of 3 or more submitted together .....\$30.00

**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)

*Affected Animals and Resubmits at No Charge*

**See next page for litter submission form and examination protocol**



# Boston Terriers Only

For Boston Terriers, please fill out the relevant information on the chart below. Eye color can be Blue, Brown, or Partial Blue for each eye. Then fill in the body markings of each dog on the provided outlines. **NOTE** – while this form has been set up to accommodate litter submissions, BAER test results and marking pattern data from dogs of any age is encourage and may be submitted

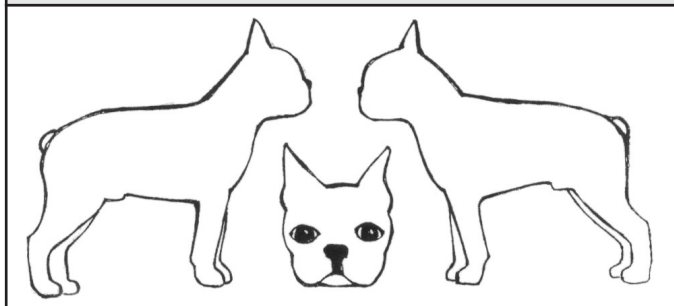
Registration number of sire

Registration number of dam

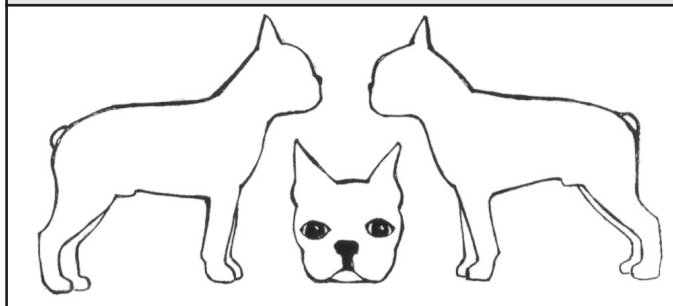
Litter registration number

Litter-mate #	Chip/Tattoo	Sex	White Ear				Left eye color	Right eye color	Test Results		
			Back		Front				Left ear	Right ear	dB
			L	R	L	R					
/01											
/02											
/03											
/04											
/05											
/06											

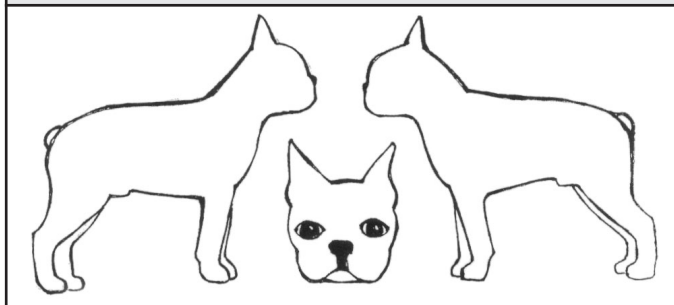
**Dog 1: Markings**



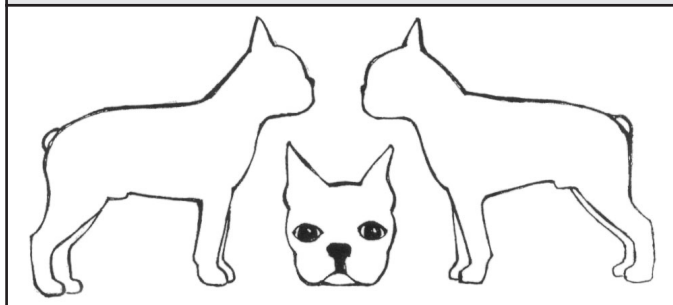
**Dog 2: Markings**



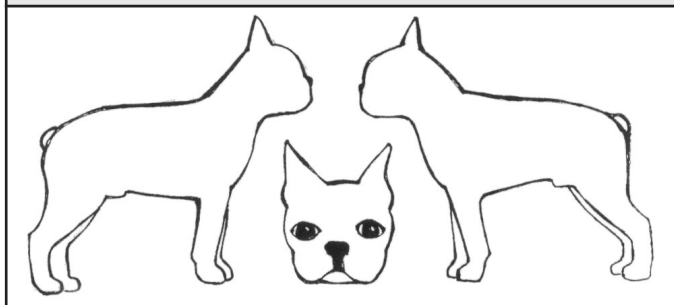
**Dog 3: Markings**



**Dog 4: Markings**



**Dog 5: Markings**



**Dog 6: Markings**

