

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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www.offa.org

A Not-For-Profit Organization

Office
 Use
 Only

for Bulldog type breeds only

Application for Tracheal Hypoplasia 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:			
						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 of examination (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 sample submitted is of the animal described on this application. I understand that this information will be part of a confidential database maintained by the OFA for research purposes only.

Signature of owner or authorized representative _____

Veterinary Instructions

A well positioned right lateral of the entire cervical and thoracic trachea is required. The image should be acquired with the patient awake and at peak inspiration.

Remarks

- Normal
- Equivocal
- Hypoplastic
- Other: _____

OFA Signature:

 G. G. Keller, DVM, MS, DACVR
 OFA Chief of Veterinary Services

- I certify that the standards for examination as set forth by the OFA were carefully followed in performing this examination.
- I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature _____ Specialty: Practitioner, Specialist, Cardiologist _____ Date _____

OFA Fees

Animals Over 5 Months \$20

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)