Office Use Only APPL _____ RAD ____ CK ____



Orthopedic Foundation for Animals

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Office Use Only

Application for Dentition Database

Registered name:		AKC registration number:	Other registr Other registr	Other registry name:	
eed: Sex:		Date of birth (MM/DD/YY):		n (MM/DD/YY):	
Microchip/tattoo:		Registration number of sire:	Registration	number of dam:	
· ·					
Owner name:			Examining veterinary clinic:		
Co-owner name:			Mailing address:		
Mailing address:			City:	State:	Zip/postal code:
iity:	State:	Zip/postal code:	Phone:	Fax:	
Phone:			Veterinarian e-mail:		
Dwner e-mail. Please print one lette	r/symbol per cell.				
tials of a registered owner appear in	the authorization bo	x below which permits th	lication. I understand that only normal e OFA to release abnormal results to	the public.	used to the public unless
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			ormal Results, "Open"		
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