

Please fill out all sections below on this page. Please use block letters for clarity.

OFA testing of Hips  Elbows  Cardiac  Patella  Dentition  Thyroid  Other

**Patient Information**

Registered Name:

Call Name:

Breed:

Sex: Male  Female  Altered

Date of Birth (MM/DD/YYYY):  /  /

Microchip or Tattoo #:

Registration Number:

Registry: AKC  CKC  Other

**Pedigree**

Registration Number of Dam:

Registration Number of Sire:

**Owner/Co-Owner Information**

Owner Name:

Co-Owner Name:

Mailing Address:

City:

State:

Zip/Postal Code:

Phone #:

E-mail Address:

PLEASE FILL IN CARD INFORMATION FOR OFA VISA, or MASTERCARD ONLY

Name on Card:

Card Number:

Expiration (MM/YY):  /  CVV (Security Code):

Do you authorize OFA to release **abnormal results to the public?**

YES  NO

Do you authorize the examining veterinarian to submit the results for statistical purposes.

The results may be shared with the ACVIM or canine health researchers, **but will not be disclosed to the general public.**

YES  NO

I \_\_\_\_\_, authorize **Dr. Mary McDaniel and or staff/associates** to act as my authorized representative(s) and elect the options I have chosen above on the OFA applications. I hereby also authorize OFA to use the credit card provided above for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please double check that all sections have been filled in correctly.  
Thank you for taking the time to fill out this application slowly, completely, and accurately;  
This ensures our clinic has all information required for all OFA forms.  
Please allow a few weeks for analysis and results from OFA.  
Once again thank you.



CLINIC USE ONLY