

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