Office Use Only						
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Orthopedic Foundation for Animals 2300 E Nifong Blvd, Columbia, MO 65201-3806 Phone: (573) 442-0418; Fax: (573)875-5073

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Application for Dentition Database

		Adult t	eeth must be fu	lly erupted for evaluation			
Registered name:				AKC Registration Number:	Other registry name:	Other registry name:	
			I-		Other registry #:		
Breed:			Sex:	Date of Birth (MM/DD/YY):	Date of exam (MM/DD/Y	Date of exam (MM/DD/YY):	
Number (if any):			Registration number of sire:	Registration number of	Registration number of dam:		
vner name:				Examining veterinarian's name or veterinary ho	ospital:		
-Owner name:				Mailing Address:			
ailing address:				Mailing Address: City: Phone:	State:	Zip/postal code:	
ty:		State:	Zip/postal code:	Phone:	FAX #:		
one:				Veterinarian Email:			
wner e-mail. Please	e print one letter/sv	mbol per cell.					
reby certify that the info	rmation submitted is o	of the animal described or	n this application. I under	stand that only normal results will be released to th	he public unless the initials o	of a registered owner	
		nits the OFA to release abi	•				
gnature of owr	ner or autnori	zed representa	ive				
	Autho	orization to F	Release Abno	ormal Results, "Open" Da	atabase		
hereby authorize th	e OFA to release a	ll veterinary exam r	esults indicated belo	ow on this application to the public	(initials of	registered owner	
eterinarian	Dentition E	xamination	Results				
Full dentition v	with all adult (pe	rmanent) teeth fu	lly erupted	Missing teeth noted with an	"M" on the dental cl	hart	
	-			_			
Persistent (reta	ained) deciduou:	s teeth noted with	a "P" on the	Other (please specify)			
dental chart							
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Ü	0 0	\mathcal{L}			, ,		
•	•			appropriate exam results.			
I DID verify tate	too/microchip o	n this dog 🔲 🛭	DID NOT verify to	attoo/microchip on this dog			
			B 4111	<u> </u>			
Veterinarian Sigi	nature	Specialty: 🗖	Practitioner, 🚨	Specialist	Date		
				-			
				Kennel rate:			
		together		Individuals submitted as a grou			
yments can be made	e by check, money	order (U.S. funds drav	vn on a U.S. bank), co	ish, Visa, of Mastercard, payable to the Ori	thopedic Foundation fo	or:Animals: 1.50 ea	
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'd Type:	☐ MasterCa	ara					
rd Number			Cardholder Nar	ne	Exp. (MM	YY) CVV	