Office Use Only
APPL _____
RAD _____
CK _____

Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573)875-5073
www.offa.org
A Not-For-Profit Organization

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Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name: Hillmeadow Benedictos		**AKC Registration Number:**	**Other registry name:** MDBA **Other registry #:** 22148
Breed: Cobberdog	**Sex:**	**Date of Birth (MM/DD/YY):** 08/25/17	**Date of exam (MM/DD/YY):**
ID Number (if any): ☐ Tattoo ☐ Microchip 939 000 001 617 081		**Registration number of sire:**	**Registration number of dam:**
Owner name: Lauren Sikkema **Co-Owner name:** Brad Sikkema		**VETERINARIAN INFORMATION** **Examining veterinarian's name or veterinary hospital:** Heartland Veterinary **Mailing Address:** 7294 Wellington Rd 11	
Mailing address: 8055 Concession 6		**City:** Drayton	**State:** ON **Zip/postal code:** N0G1P0
City: Moorefield **Phone:** 226 678 1116	**State:** ON **Zip/postal code:** N0G2K0	**Phone:** 519 638 3391 **Veterinarian Email:**	**FAX #:**

Owner e-mail. *Please print one letter/symbol per cell.*

I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative_____

Authorization to Release Abnormal Results, "Open" Database

*I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public.*_____ *(initials of registered owner).*

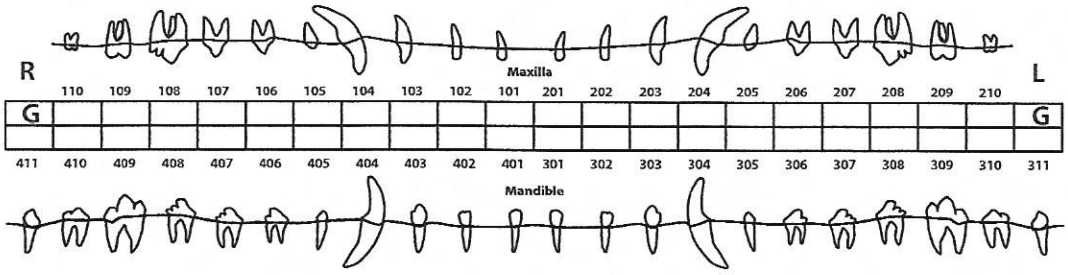
Veterinarian Dentition Examination Results

☑ Full dentition with all adult (permanent) teeth fully erupted

☐ Persistent (retained) deciduous teeth noted with a "P" on the dental chart

☐ Missing teeth noted with an "M" on the dental chart

☐ Other (please specify)_____



☑ I certify that I have completed the dental exam and marked off the appropriate exam results.
☑ **I DID** verify tattoo/microchip on this dog ☐ **I DID NOT** verify tattoo/microchip on this dog

Dr. Mary Walker 7641 Dr. Mary Walker Aug 23, 2018

Veterinarian Signature Specialty: ☐ Practitioner, ☐ Specialist Date

Fees Individual dog ..... $15.00 each
A litter of 3 or more submitted together ..... $30.00 total

Kennel rate:
Individuals submitted as a group, owned/co-owned by the same person
Minimum of 5 individuals ..... $7.50 each

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.

Card Type: ○ Visa ○ MasterCard

Card Number _____ Cardholder Name _____ Exp. (MM|YY) _____ CVV _____