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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: <i>Hillmeadow Chauah</i>	AKC Registration Number:	Other registry name: <i>MDBA</i>
Breed: <i>Australian Cockerdog</i>	Date of Birth (MM/DD/YY): <i>03 15 2018</i>	Other registry #: <i>23357</i>
Sex: <i>F</i>	Registration number of sire: <i>1112</i>	Date of exam (MM/DD/YY): <i>03 13 20</i>
ID Number (if any): <i>952000001087742</i>	Registration number of dam: <i>416723</i>	
Owner name: <i>Lauren Sikkema</i>	Examining veterinarian's name or veterinary hospital: <i>Heartland Veterinary</i>	
Co-owner name: <i>Brad Sikkema</i>	Mailing Address: <i>7294 Wellington County Road</i>	
Mailing address: <i>8055 Concession 6</i>	City: <i>Drayton</i>	State: <i>ON</i>
City: <i>Moorefield</i>	State: <i>ON</i>	Zip/postal code: <i>N0G1P0</i>
Phone: <i>2266781116</i>	Phone:	FAX #:
	Veterinarian Email:	

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

b1sikkema@gmail.com

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.

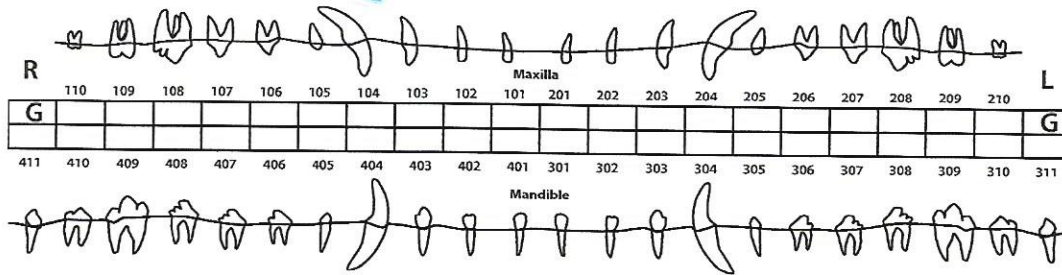
Signature of owner or authorized representative

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
- Missing teeth noted with an "M" on the dental chart
- Persistent (retained) deciduous teeth noted with a "P" 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

Veterinarian Signature: *Meredith Horsley* Specialty: Practitioner, Specialist Date: *March 13/20*

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: _____

07/21/14 **No charge for dogs without full dentition that are placed in the "open" database**