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Orthopedic Foundation for Animals 2300 E Nifong Blvd, Columbia, MO 65201-3806

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

Office Use Only

for Bulldog type breeds only

Application for Tracheal Hypoplasia Database

	Previous application number (if any):			Other registry name:							
				Other registry #:							
Registered name:			Sex:	Color:							
Breed:			Date of Birth (month-day-year):								
ID Number (if any): 🗖 Tattoo 🗖 Microchip			Registration number of sire:	Registration number of dam:							
Owner name: Co-Owner name: Mailing address:			Date of examination (month-day-year): Examining veterinarian's name or veterinary hospital: Mailing Address:								
						City:	State:	Zip/postal code:	City:	State:	Zip/postal code:
						Phone:	E-mail:		Phone:	E-mail:	
Phone:	E-IIIdii:		riione:	E-IIIdII;							
-	ateral of the ent	ire cervical and t	horacic trachea is required. T	he image shou	ıld be acquired						
A well positioned right lawith the patient awake a			horacic trachea is required. T	The image shou	uld be acquired						
A well positioned right lawith the patient awake a Remarks			horacic trachea is required. T	The image shou	uld be acquired						
A well positioned right law with the patient awake a Remarks Normal				The image shou	uld be acquired						
A well positioned right law with the patient awake a Remarks Normal Equivocal Hypoplastic	and at peak insp	iration.	horacic trachea is required. T OFA Signature:	The image shou	uld be acquired						
A well positioned right lawith the patient awake a Remarks Normal Equivocal	and at peak insp	iration.		, DACVR	uld be acquired						
A well positioned right lawith the patient awake a Remarks Normal Equivocal Hypoplastic Other:	and at peak insp	forth by the OFA were	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e	i, DACVR ary Services	uld be acquired						
A well positioned right lawith the patient awake a Remarks Normal Equivocal Hypoplastic Other: I certify that the standards fo	and at peak insp or examination as set p on this dog	forth by the OFA were	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e attoo/microchip on this dog	i, DACVR ary Services	uld be acquired						
A well positioned right lawith the patient awake a Remarks Normal Equivocal Hypoplastic Other:	and at peak insp or examination as set p on this dog	forth by the OFA were	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e	i, DACVR ary Services	uld be acquired						
A well positioned right lawith the patient awake a Remarks Normal Equivocal Hypoplastic Other: I certify that the standards fo I DID verify tattoo/microchip	and at peak insp or examination as set p on this dog	forth by the OFA were	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e attoo/microchip on this dog	i, DACVR ary Services							
A well positioned right lawith the patient awake a Remarks Normal Equivocal Hypoplastic Other: I certify that the standards fo I DID verify tattoo/microchip	or examination as set p on this dog Specialty	forth by the OFA were I DID NOT verify t y: Practitioner,	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e attoo/microchip on this dog	i, DACVR ary Services							
A well positioned right law with the patient awake a Remarks Normal Equivocal Hypoplastic Other: I certify that the standards for I DID verify tattoo/microchip	or examination as set p on this dog	forth by the OFA were I DID NOT verify t Practitioner,	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e attoo/microchip on this dog Specialist, Cardiologist	i, DACVR ary Services examination.	Date						
with the patient awake a Remarks Normal Equivocal Hypoplastic Other: I certify that the standards fo I DID verify tattoo/microchip Veterinarian Signature OFA Fees Animals Over 5 Months	or examination as set p on this dog	forth by the OFA were I DID NOT verify t Practitioner,	OFA Signature: G. G. Keller, DVM, MS OFA Chief of Veterina carefully followed in performing this e attoo/microchip on this dog	i, DACVR ary Services examination.	Date						