

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 www.ofa.org
 A Not-for-Profit Organization

Office Use Only

Application for Basic Cardiac Database

| | | | | | | |
|---|--|----------------------------------|--|--|---|--------------------------------|
| Registered name: Clay Hill's Toby or Not Toby | | | AKC registration number: PR25327105 | | Other registry name: Other registry #: | |
| Breed: Poodle | | Sex: M | Date of birth (MM/DD/YY): 03/04/2022 | | | |
| Microchip/tattoo: 990000006543 516 | | | Registration number of sire: | | Registration number of dam: | |
| Owner name: Hannah Day | | Co-Owner name: | | Examining veterinary/clinic: Black Horse Animal Hospital | | Date of evaluation (MM/DD/YY): |
| Mailing address: 149 Clay Hill Rd | | | Mailing address: 5081 Lincoln Hwy | | | |
| City: Dornsife | State: PA | Zip/postal code: 17823 | City: Kinzers | State: PA | Zip/postal code: 17535 | |
| Phone: 570 809 3335 | E-mail: puppycustomers@gmail.com | | Phone: (717) 442-0252 | E-mail: la@bhahpa.com | | |

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

| AUSCULTATION (REQUIRED) | | | | | | |
|-------------------------|-------------------------------------|-----------------------------|-------------------------------|-----------------------------|----------------------------|-----------------------------------|
| Normal | <input checked="" type="checkbox"/> | Abnormal | <input type="checkbox"/> | Arrhythmia | <input type="checkbox"/> | |
| Murmur Grade: | I <input type="checkbox"/> | II <input type="checkbox"/> | III <input type="checkbox"/> | IV <input type="checkbox"/> | V <input type="checkbox"/> | VI <input type="checkbox"/> |
| PMI: | Left <input type="checkbox"/> | Right | Base <input type="checkbox"/> | Apex | <input type="checkbox"/> | |
| Timing: | Systolic <input type="checkbox"/> | Diastolic | <input type="checkbox"/> | Continuous | <input type="checkbox"/> | |
| Extra Sounds: | Click <input type="checkbox"/> | Gallop | <input type="checkbox"/> | Split S1 | <input type="checkbox"/> | Split S2 <input type="checkbox"/> |

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination. | <input checked="" type="checkbox"/> I DID verify microchip/tattoo on this dog | <input checked="" type="checkbox"/> I DID NOT verify microchip/tattoo on this dog |
| Veterinarian Signature: _____ Check one box: <input checked="" type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist, <input type="checkbox"/> Cardiologist | | Date: 7/6/21 |

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$7.50

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

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Application for Patellar Luxation Database

| | | | | | |
|--|-------------------------------------|---|--|---|-----------------------------|
| Registered name: Clay Hill's Toby or Not Toby | | Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC PR25327105 | | Other registry name: Other registry #: | |
| Breed: Poodle | | Sex: M | Date of Birth (month-day-year): 03/04/2022 | | |
| ID Number (if any): 990000006543516 | <input type="checkbox"/> Tattoo | <input checked="" type="checkbox"/> Microchip | Registration number of sire: | | Registration number of dam: |
| Owner name: Hannah Day | | | Date of evaluation (month-day-year): | | |
| Co-Owner name: | | | Examining veterinarian's name or veterinary hospital: Black Horse Animal Hospital | | |
| Mailing address: 149 Clay Hill Rd | | | Mailing Address: 5081 Lincoln Hwy | | |
| City: Dornsife | State: PA | Zip/postal code: 17823 | City: Kinzers | State: PA | Zip/postal code: 17535 |
| Phone: 570 809 3335 | E-mail: puppycustomers@gmail.com | | Phone: (717) 442-0252 | E-mail: la@bhahpa.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 | |
|--|--|
| I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner). | |

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

bilateral
 unilateral: right left
 luxated: medial lateral
 luxation is: intermittent permanent
 age of onset: < 2 months 2-6 months
 6-12 months > 12 months

3. Classification of luxation

Grade 1—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
 Grade 2—There is frequent patellar luxation which, in some cases becomes more or less permanent.
 Grade 3—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
 Grade 4—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

| | | | |
|---|--|--|----------------|
| <input type="checkbox"/> I certify that the examination was performed according to the OFA procedure. | <input type="checkbox"/> I DID verify tattoo/microchip on this dog | <input type="checkbox"/> I DID NOT verify tattoo/microchip on this dog | Date 7/6/25 |
| Veterinarian Signature _____ | | Specialty: <input checked="" type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist | |

Fees Animals over 12 months \$15.00 each
 A litter of 3 or more submitted together \$30.00 total

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 Minimum of 5 individuals \$7.50 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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 Visa/Master Card Number

 Name on Card

 Exp Date

 CVV (security code)

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 I DID verify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature _____ Date **7/6/25**

Check one box: Practitioner, Specialist, Cardiologist

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