

Office Use Only
 APPL _____
 RAD _____
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Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418 | Fax (573) 875-5073
 Email: ofa@offa.org | Website: www.ofa.org
 A Not-for-Profit Organization

Office Use Only

Application for Congenital Deafness Database

Registered name:			AKC registration number:		Other registry name: Other registry #:	
Breed:		Sex:	Date of birth (MM/DD/YY):			
Microchip/tattoo:			Registration number of sire:		Registration number of dam:	
Owner name:			Date of current evaluation (MM/DD/YY):			
Co-owner name:			Examining veterinary clinic: Melissa Lewis/Stephanie Thomovsky			
Mailing address:			Mailing address: 625 Harrison Street			
City:	State:	Zip/postal code:	City: West Lafayette	State: IN	Zip/postal code: 47907	
Phone:	E-mail:		Phone: 765-494-1107	E-mail: pvhneuro@purdue.edu		

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, the results will be released to the public

Signature of owner or authorized representative _____

A photocopy of the test result is required to process this application.

Veterinary Instructions

The Brainstem Auditory Evoked Response (BAER) test is the only accepted method of diagnosis. Bone stimulation transducer may be used in addition when conduction deafness is suspected. Puppies must be at least 35 days old.

OFA recommends this test be performed by board certified veterinary neurologists, but will accept test results from experienced veterinarians, neuroscience professionals, and audiologists. One test suffices for the lifetime of the animal.

Bilateral hearing passes the test. Unilateral or bilateral deafness fails.

Hearing (Normal) Equivocal Deaf _____ Bilateral _____ Unilateral

I certify that the above result is valid for this animal

Microchip/tattoo Verification: I DID verify on this dog I DID (verify on all puppies on attached litter form) I DID NOT verify

Veterinarian/Audiologist Signature _____ Specialty _____ Date _____

Fees

- Per dog\$15.00
- Litter of 3 or more submitted together\$30.00

Kennel Rate, individuals submitted as a group, owned/co-owned by the same person

- *Minimum of 5 individuals\$10.00 each

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.

Card Number _____ Name on Card _____ Exp MM/YY _____ CVV _____
 Submit thru <https://online.ofa.org> - OR - provide payment details here if mailing or emailing

