



Orthopedic Foundation for Animals

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

Form to Change from Semi-Open to Open Database

Historically, only normal results from data submitted to the OFA were reported in the public domain (semi-open databases). The OFA now provides owners the choice of reporting information in an open database.

The open database provides all information, normal and abnormal, in the public domain.

If your animal received an **abnormal** result and you would like to release that information to the public domain, please complete the form below. This would happen most commonly with abnormal results received prior to January 2000, or on forms where owners did not check the box to release information to the public but who have now decided to do so.

If your animal received an OFA certificate, there is no need to change the status.

If you choose to change the status of your abnormal results from semi-open (not released to the public) to open (released to the public), please print, complete, and sign the following form. The completed form may be mailed, faxed (573-875-5073), or scanned and emailed to ofa@ofa.org.

Form

I hereby request that the information in the OFA databases for the following dog:

(registered name and breed of animal)

(registration number and/or OFA number)

be included in the open database. I understand that this will allow all the results and the animal's identity to be available to the public. I have included a copy of my OFA report for verification.

Owner name _____

Today's Date 12/09/2024

Signature _____

Office Use Only
 APPL _____
 RAD _____
 CK _____



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Application for Spine 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 exam (MM/DD/YY):					
Co-owner name:			Examining veterinary clinic:					
Mailing address:			Mailing address:					
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:
Phone:		E-mail:		Phone:		E-mail:		

I hereby certify that the test submitted is of the animal described on this application. I understand that this information will be part of a confidential spine database maintained by the OFA for research purposes only.

Signature of owner or authorized representative _____

Veterinary Instructions

A lateral and ventrodorsal projection of the entire spine (C₁ through L₇) with good radiographic detail is required.

OFA Certified Radiologist Evaluation

	Cervical							Thoracic													Lumbar						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7
Hemivertebra																											
Butterfly vertebra																											
Block vertebra																											
Transitional vertebra																											
Spina bifida																											

Remarks

- Spondylosis _____
- Other _____

OFA Signature

G. G. Keller, DVM, MS, Chief of Veterinary Services, Diplomate ACVR Date _____

Neurologic Signs

Age at Onset _____ Diagnosis _____

Fees

Animals Over 5 Months.....\$20.00

<input type="checkbox"/> I DID verify microchip/tattoo on this dog	<input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog
Veterinarian Signature _____ Specialty: <input type="checkbox"/> Practitioner <input type="checkbox"/> Specialist Date _____	

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 _____ Cardholder name _____ Exp MM/YY _____ CV _____