

Office Use Only

APPL _____

RAD _____

CK _____



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 Patellar Luxation Database

Registered name: <i>Shady Grove Trixie</i>		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC <i>T537513807</i>		Other registry name: _____	
Breed: <i>Cavalier</i>		Sex: <i>Female</i>		Date of Birth (month-day-year): <i>2-1-18</i>	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip <i>900111881222500</i>		Registration number of sire: <i>T519961303</i>		Registration number of dam: <i>T527472008</i>	
Owner name: <i>Shady Grove Acres</i>		Date of evaluation (month-day-year): <i>2-12-20</i>			
Co-Owner name: _____		Examining veterinarian's name or veterinary hospital: <i>East Holmes Veterinary</i>			
Mailing address: <i>4318 TR 369</i>		Mailing Address: <i>5503 CR 120 PO Box 286</i>			
City: <i>Millersburg</i>	State: <i>OHIO</i>	Zip/postal code: <i>44654</i>	City: <i>Berlin</i>	State: <i>OHIO</i>	Zip/postal code: <i>44610</i>
Phone: <i>330-275-2434</i>	E-mail: _____	Phone: <i>330-893-2057</i>	E-mail: _____		

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 *Janet Yoder*

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.

☐ I certify that the examination was performed according to the OFA procedure.

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

Veterinarian Signature *L. H. O. V. M.*

Specialty: ☒ Practitioner, ☐ Specialist

2-12-2020

Date

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

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

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.

Visa/Master Card Number

Name on Card

Exp Date

CVV (security code)

4/11/12

Affected dogs and resubmits are no charge