

Office Use Only
 APPL _____
 RAD _____
 CK _____
 SIG _____
 ACK _____
 RPT _____



Orthopedic Foundation for Animals

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A Not-For-Profit Organization

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Only**

Application for Congenital Deafness Database

✱ Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers ✱

previous application number (if any) _____

registration number AKC CKC Other _____

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 _____

** The OFA has adopted a policy, effective January 1, 2001, acknowledging animals that have been submitted for inclusion in our databases that have permanent identification in the form of microchip or tattoo. Animals not permanently identified will continue to be evaluated; however, they will be issued a number clearly indicating that the animal has no permanent identification.*

owner name _____

date of current evaluation (month-day-year) _____

co-owner name _____

veterinarian/audiologist performing this test _____

mailing address _____

mailing address _____

city _____ state/province _____ zip/postal code _____

city _____ state/province _____ zip/postal code _____

phone _____ email _____

phone _____ email _____

I hereby certify that the animal examined is 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).

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.

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

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

Normal

Deaf _____ Bilateral _____ Unilateral _____

I certify that the above result is valid for this animal
 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 \$7.50 each

Affected Animals and Resubmits at No Charge

See next page for litter submission form and examination protocol

Boston Terriers Only

For Boston Terriers, please fill out the relevant information on the chart below. Eye color can be Blue, Brown, or Partial Blue for each eye. Then fill in the body markings of each dog on the provided outlines. **NOTE** – while this form has been set up to accommodate litter submissions, BAER test results and marking pattern data from dogs of any age is encourage and may be submitted

Registration number of sire

Registration number of dam

Litter registration number

Litter-mate #	Chip/Tattoo	Sex	White Ear				Left eye color	Right eye color	Test Results		
			Back		Front				Left ear	Right ear	dB
			L	R	L	R					
/01											
/02											
/03											
/04											
/05											
/06											

