**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 or (573) 443-7544 Email: ofa@offa.org | Website: www.ofa.org A Not-for-Profit Organization

Office Use Only

# **Application for Hip/Elbow Dysplasia Database**

Registered name:				AKC registration number: Other registration # (if any)		ny)	
Breed:		Sex:		Date of birth (MM/DD/YY): Date radiograph taken		MM/DD/YY):	
Microchip/tattoo:			Registration number of sire:		Registration number of dam:		
Owner name:			noi ♦				
Co-owner name:			FORMAT	Mailing address: City: Phone: Phone: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: Cit			
Mailing address:			IARIAN IN	City:		State:	Zip/postal code:
City:	State:	Zip/postal code:	VETERIN	Phone:		Fax:	
Phone:			<b>→</b>	Veterinarian e-mail:			
Owner e-mail.							

#### wner e-mail.

I hereby request the OFA to provide a hip and/or elbow evaluation of the animal described on this application. I certify that the image submitted is of this animal and that neither the pelvic nor the elbow conformation have been surgically altered. I understand that the image submitted will be retained by the OFA, understand that the image is submitted for a consensus evaluation based on the independent, professional judgment of consulting board-certified veterinary radiologists, and I hereby release the OFA from any and all liability resulting from the consensus evaluation. I understand the OFA will release all normal hip and/or elbow results for animals over 24 months to the public, and by submitting this application I agree the OFA may do so. Normal hip results are defined as a consensus evaluations of Excellent, Good, or Fair and normal elbow results are defined as consensus evaluations of Normal. Abnormal hip and/or elbow results (including borderline results) will not be released to the public unless the initials of a registered owner or authorized representative appear in the box below. <u>Results for Animals under 24 months will only be released and published if all criteria</u> described on page 2 of this application have been met. By submitting this hip and/or elbow application I agree to the associated current OFA evaluation fees and understand that no results will be released or reported until all related charges are paid in full.

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 or authorized representative).

### Veterinary Information

This animal was restrained using: Physical restraint only Chemical restraint

**Animals Under 24 Months** 

□ I DID verify the microchip/tattoo information on this dog	IDID NOT verify the microchip/tattoo information on this dog
Only dogs with Verified Permanent Identification (VPI) will have their r	esults transmitted to the AKC for inclusion in their registration and pedigree documents

### Veterinarian Signature

#### Fees

#### Animals Over 24 Months

- Hip evaluation......\$45.00 Elbow evaluation..... \$45.00
- Hip and elbow evaluations submitted together.....\$50.00
- Litter of 3 or more submitted together.....\$120.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person, < or > 24 months

Minimum of 5 individuals......\$25 per study

# See instructions on page 2

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.

Party responsible for payment is:	Veterinarian	Owner/co-owner	Other	Card type: 🔲 Visa	MasterCard

Card number

Cardholder name

Exp date MM/YY

Preliminary hip evaluation ......\$35.00

Preliminary elbow evaluation......\$35.00

Preliminary hip and elbow evaluations submitted together ...... \$40.00

Litter of 3 or more submitted together.....\$100.00

# Instructions for Taking Images for OFA Dysplasia Evaluations

### Images should be permanently identified with:

- 1. Registered name and/or number
- 2. Name of veterinary clinic making the film
- 3. Date the image was taken

# **OFA** Database

The dysplasia control database of the OFA is a voluntary program established to evaluate images and to identify films showing no evidence of dysplasia or other orthopedic problems. All images submitted that are of acceptable diagnostic quality will be reviewed by qualified veterinary radiologists and a consensus report will be returned tot he owner of record and referring veterinarian. Only animals that are 24 months of age or older to the day at the time of radiography, with no radiographic evidence of dysplasia, will be assigned a breed OFA number. The OFA does offer a preliminary evaluation for those between 4 months and 23 months of age.

# **Age Requirement**

Only dogs that are 24 months of age, to the day, or older at the time of radiography can qualify for an OFA hip number. In general hip joint status of younger dogs will be evaluated but only a consultation report will be issued. Dogs must be at least 4 months of age for a preliminary evaluation. For toy and small breeds interested in the Legg-Calve-Perthes Database the animal has to be 12 months of age or older. The dog's registration certificate or copy of this information should be available at the time of radiography.

# OFA Policy Regarding Release of Preliminary Results (Animals Under 24 Months)

the OFA will post preliminary results if:

- The animal is at least 12 months at the time of radiography
- The animal must be permanently identified via microchip or tattoo
- The owner initials the authorization block to release all results (including abnormal results) when the application is initially submitted

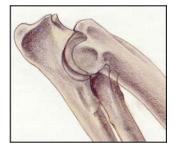
# Restraint

Obtaining proper position often requires chemical restraint. The OFA recommends chemical restraint to the point of muscular relaxation. The type of agent used (sedative, tranquilizer, or general anesthesia) is best determined by the attending veterinarian.

# Positioning

Dorsal recumbency with the rear legs **extended and parallel** to each other is the preferred positioning. This standard ventrodorsal view is the basis for evaluation of hip joint status with respect to hip dysplasia. Care should be exercised to be sure the pelvis is not tilted. Elbow joints are evaluated in the fully flexed medial to lateral position, additional views are optional.





# **Digital Submission**

Veterinary clinics can register to submit digital images and find detailed directions on how to submit images digitally at www.ofa.org/veterinarian/veterinary-submissions

### Image Identification

Permanent identification of the dog on the image is required to be eligible for OFA evaluation. Lead letters, an I.D. camera, or radio opaque tapes can be used to identify the film. Digital images should have embedded text with the hospital or veterinarian's name, date taken, registered name and/or registration number. OFA does not accept images that need to be accessed through cloud/web-based links or zip files, images should be attachments and should not require proprietary viewing software.

### Exposure

Good contrast is desirable (high mAs, low kVp). Grid techniques are recommended for all large dogs.

# **Radiation Safety**

Proper collimation and protection of attendants is the responsibility of the veterinarian. Gonadal shielding is recommended for male dogs.

# **Hormonal Effect**

Some female dogs show subluxation when radiographed around an estrus cycle which is not apparent when reradiographed in anestrus. The OFA recommends radiographing 3-4 weeks before or after a heat period or 3-4 weeks after weaning a litter of pups.

# **Application for OFA Film Evaluation**

The owner or agent must complete and sign the OFA application form. If available, please attach a copy of the dog's registration papers. Application forms are available on request from the OFA and from the OFA website at www.ofa.org. The **image**, **signed form**, and **service fee** should be mailed together to the Orthopedic Foundation for Animals at the address on the front of this form.