

Office Use Only

APPL \_\_\_\_\_  
RAD \_\_\_\_\_  
CK \_\_\_\_\_  
SIG \_\_\_\_\_  
ACK \_\_\_\_\_  
RPT \_\_\_\_\_



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3856

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www.offa.org

A Not-For-Profit Organization

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Use  
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**

