

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@ofa.org | Website: www.ofa.org
 A Not-for-Profit Organization

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 Use
 Only

Application for Hip/Elbow Dysplasia Database

Registered name: LUCKY LUCCA	AKC registration number: MB13819201	Other registration # (if any)
Breed: ALL AMERICAN DOG	Sex: M	Date radiograph taken (MM/DD/YY): 12/21/2023
Microchip/tattoo: [REDACTED]	Date of birth (MM/DD/YY): 12/10/2022	Registration number of sire:
Owner name: EDITH WACHTER [REDACTED]	Registration number of dam:	Examining veterinary clinic: BALANCED GENETICS
Co-owner name:	Mailing address: 11858 SE DIXIE HWY	Mailing address: 11858 SE DIXIE HWY
Mailing address: [REDACTED]	City: HOBE SOUND	State: FL
City: [REDACTED]	State: FL	Zip/postal code: 33455
State: FL	Zip/postal code: [REDACTED]	Phone: (772) 742-1110
Phone: [REDACTED]	Veterinarian e-mail: BALANCEDGENETICS@GMAIL.COM	
Owner e-mail: [REDACTED]		

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. **Results for animals under 24 months will only be released and published if all criteria 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
 I DID verify the microchip/tattoo information on this dog I DID NOT verify the microchip/tattoo information on this dog
 Only dogs with Verified Permanent Identification (VPI) will have their results transmitted to the AKC for inclusion in their registration and pedigree documents

Veterinarian Signature _____

Fees

- | | |
|--|--|
| Animals Over 24 Months | Animals Under 24 Months |
| • Hip evaluation.....\$45.00 | • Preliminary hip evaluation.....\$35.00 |
| • Elbow evaluation.....\$45.00 | • Preliminary elbow evaluation.....\$35.00 |
| • Hip and elbow evaluations submitted together.....\$50.00 | • Preliminary hip and elbow evaluations submitted together.....\$40.00 |
| • Litter of 3 or more submitted together.....\$120.00 | • Litter of 3 or more submitted together.....\$100.00 |
- 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 [REDACTED] Cardholder name **Edith Wächter** [REDACTED] Exp date MM/YY [REDACTED] CVV [REDACTED]

Elbow Left Lat
12/21/23 10:03:14 AM

Lucky Lucca
Wachter [redacted], Edith
12/6/22
(14143)



Lucky Lucca

Reg# MB13819201



Hobe Sound Veterinary Clinic
Calibrated: false



Elbow Right Lat
12/21/23 10:04:52 AM

Lucky Lucca
Wachter [REDACTED], Edith
12/6/22
(14143)



Lucky Lucca

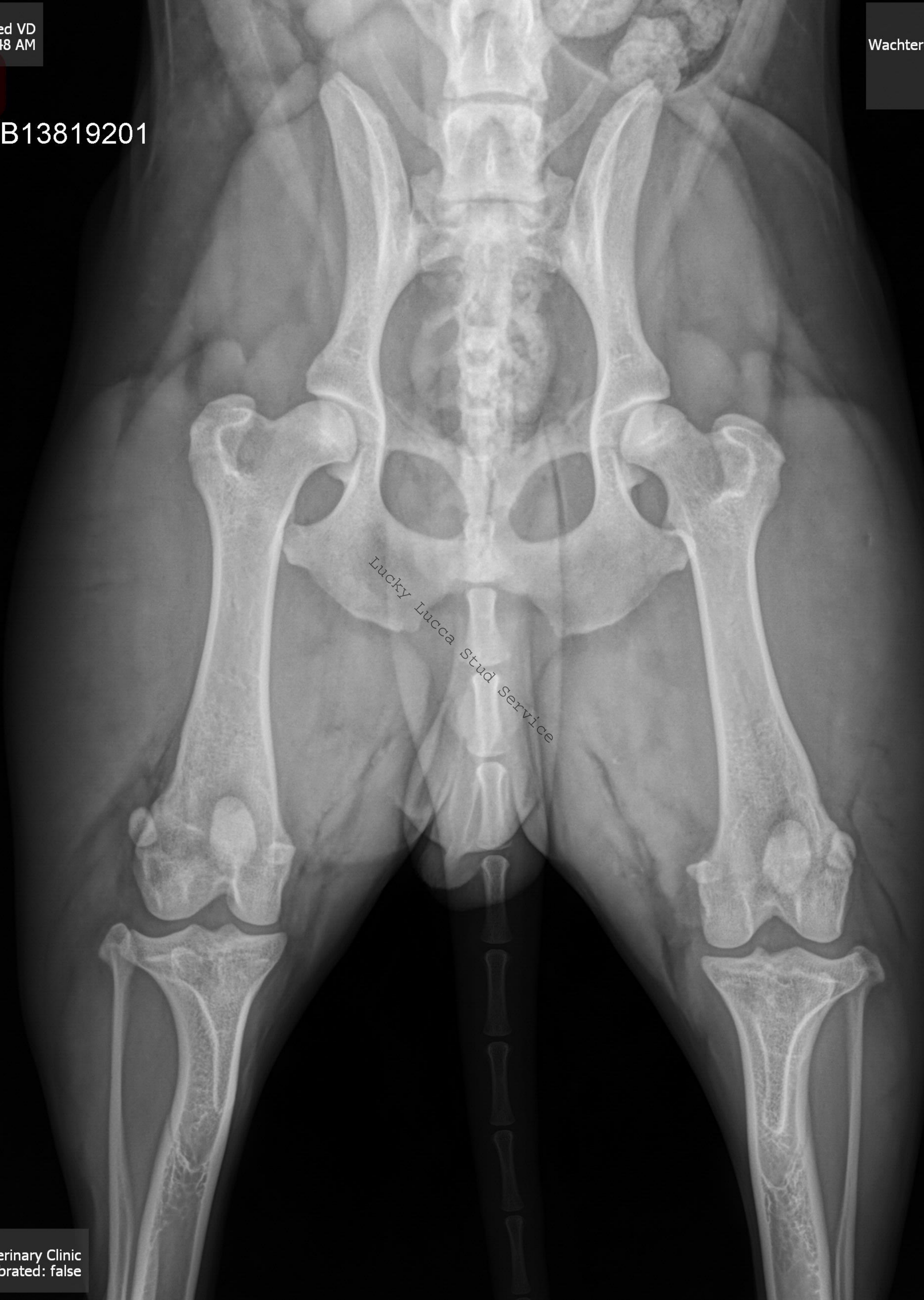
Hobe Sound Veterinary Clinic
Calibrated: false

Reg# MB13819201



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Reg# MB13819201



Lucky Lucca Stud Service

R

Reg# MB13819201

Lucky Lucca Stud Service

