

**Office Use Only**  
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**Orthopedic Foundation for Animals**

2300 E Nifong Blvd, Columbia, MO 65201  
 Phone (573) 442-0418 | Fax (573) 875-5073  
 Email ofa@offa.org | www.ofa.org  
 A Not-for-Profit Organization

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**Application for DNA Based Genetic Database**

**Specific Genetic Disease Test Requested:**

**For a current list of all DNA tests, labs, and breeds, go to [www.ofa.org/diseases/dna-tested-diseases/all-dna-tests](http://www.ofa.org/diseases/dna-tested-diseases/all-dna-tests)**

Registered name:		AKC registration number:		Other registry name:	
				Other registry #:	
Breed:		Sex:	Date of birth (month-day-year):		
Microchip/tattoo:		Registration number of sire:		Registration number of dam:	
Owner name:			Co-owner name:		
Mailing address:					
City:	State:	Zip/postal code:	Phone:	E-mail:	

*I hereby certify that the sample submitted was from the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.*

**Signature of owner or authorized representative** \_\_\_\_\_

**Fees**

- Submission fee/individual disease test result (note: each result in a single panel test incurs the charge) : \$15.00
- A litter of 3 or more submitted together ..... \$30.00 total

**Kennel rate:** Individuals submitted as a group, owned/co-owned by the same person

- 5 or more individuals submitted for the same DNA test ..... \$10.00 each

**Single Dog/Multiple Test Rate**

- 3 or more DNA tests submitted on a single dog ..... \$10.00 each

*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.*

Card Number \_\_\_\_\_ Cardholder name \_\_\_\_\_ Exp MM/YY \_\_\_\_\_ CVV \_\_\_\_\_

Submit thru <https://online.ofa.org> - OR - provide payment details here if mailing or emailing