

Lewisburg Animal Hospital

OFA Admittance Form

Client Patient Information:

Owner Name: _____ Pet's Name: _____

Age _____ Breed _____ Color _____

➤ OFA Certifications Requested:

- Elbow Dysplasia:** Preliminary -Under 24 months Final -Animals over 24 months
- Hip Dysplasia:** Preliminary -Under 24 months Final -Animals over 24 months
- Cardiac Disease:** Exams on animals under 12 months old are considered preliminary evaluations and are not eligible for OFA certification numbers.
- Patellar Luxation:** Exams on animals under 12 months old are considered preliminary evaluations and are not eligible for OFA certification numbers.
- Other Certifications :** _____

Additional Services Needed: _____

Authorization and release:

I have reviewed the above information and confirm that all information and requests for services are correct.

_____ **Date** _____

(Signature)

➤ OFA Check List: Hospital Use

- Microchipped** Confirmed Number _____
- Needs Microchip Placed** Placed & Confirmed Number _____
- Registration Papers Copied and in Chart**
- OFA Fees** Check From Client Check From Hospital
- X-Ray Label** ✓ Registered Name or Number ✓ Date ✓ Microchip Number