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APPL _____

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

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Application for Congenital Deafness Database

Registered name: Rosehill Faith		AKC registration number: 0000000		Other registry name: UKC	
Breed: Silken Windhound		Sex: Female		Other registry #: B509224	
Date of birth (MM/DD/YY): 06/13/2022		Registration number of sire: B247345		Registration number of dam: A936834	
Microchip/tattoo: 99000000646595		Date of current evaluation (MM/DD/YY): 08/09/2025		Examining veterinary clinic: Mike Freeman D.V.M.	
Owner name: Sherita Tabner		Mailing address: 612 Private Road 7005		City: Edgewood	
Co-owner name:		State: TX		Zip/postal code: 75117	
Mailing address: 309 Pine St.		City: Santa Anna		State: TX	
City: Santa Anna		State: TX		Zip/postal code: 75117	
Phone: (325) 430-4131		E-mail: borzoi@web-access.net		Phone: 214-676-9784	
				E-mail: dogbreedingvet@yahoo.com	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, the results will be released to the public

Signature of owner or authorized representative _____

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. Puppies must be at least 35 days old.

OFA recommends this test be performed by board certified veterinary neurologists, but will accept test results from experienced veterinarians, neuroscience professionals, and audiologists. One test suffices for the lifetime of the animal.

Bilateral hearing passes the test. Unilateral or bilateral deafness fails.

- Hearing (Normal) Equivocal Deaf _____ Bilateral _____ Unilateral

I certify that the above result is valid for this animal

Microchip/tattoo Verification: I DID verify on this dog I DID (verify on all puppies on attached litter form) I DID NOT verify

[Signature] *8/9/25* _____
 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\$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 _____ Name on Card _____ Exp MM/YY _____ CVV _____

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