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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 Jararaca		AKC registration number: 0000000		Other registry name: UKC	
Breed: Silken Windhound		Sex: Male		Other registry #: D197953	
Microchip/tattoo: 990000008165580		Date of birth (MM/DD/YY): 04/28/2023		Registration number of sire: P970052	
Owner name: Sherita Tabner		Registration number of dam: B278216		Date of current evaluation (MM/DD/YY): 08/09/2025	
Co-owner name:		Examining veterinary clinic: Mike Freeman D.V.M.			
Mailing address: 309 Pine St.		Mailing address: 612 Private Road 7005			
City: Santa Anna	State: TX	Zip/postal code: 76878	City: Edgewood	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.

Hearing (Normal) Equivocal Deaf _____ Bilateral _____ Unilateral

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

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

Veterinarian/Audiologist Signature _____ Date _____

Specialty _____

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 _____ CVW _____

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