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APPL
RAD
CK



Orthopedic Foundation for Animals 2300 E Nifong Blvd, Columbia, MO 65201-3806 Phone: (573) 442-0418; Fax: (573)875-5073 www.offa.org A Not-For-Profit Organization

Office Use Only

Application for Congenital Deafness Database

Registered name:			Registration number: □ AKC □ CKC	Other registry name	:				
				Other registry #:					
Breed:		Sex:	Date of Birth (month-day-year):						
ID Number (if any):	☐ Microchip		Registration number of sire:	Registration number of dam:					
Owner name:			Date of current evaluation (month-day-year):						
Co. O			Francis in a set of set						
Co-Owner name:			Examining veterinarian's name or veterinary ho	ispitai:					
Mailing address:			Mailing Address:						
City:	State:	Zip/postal code:	City:	State:	Zip/postal code:				
Phone:	E-mail:		Phone:	E-mail:					
public if the results are ab	A to release the re normal ocopy of the te	sults of its eval	ease Abnormal Results uation of the animal describ tals of registered owner). equired to process this OFA recommends this test be	application	,				
accepted method of diagnosis. Eused in addition when conduction	Bone stimulation tran	sducer may be	neurologists, but will accept test results from experienced veterinarians, neuroscience professionals, and audiologists. One test suffices for the lifetime of the animal.						
	Bilateral hearing	g passes the test. (Unilateral or bilateral deafness fa	ails.					
☐ Hearing (Normal)	☐ Equivocal		☐ DeafBila	teral	Unilateral				
☐ I certify that the above result is v Tattoo/Microchip Verificatio	n: DID verify	on this dog (ロ	I DID verify on all puppies on attache	ed litter form)	□ I DID NOT verify				
Veterinarian/Audiologist Signatu	re	Spe	ecialty		Date				
Per dog Litter of 3 or more subm	nitted together	\$30.00	Kennel Rate, individuals submit same person • Minimum of 5 individuals ash, Visa, or Mastercard, payable to the		\$7.50 ea				
/isa/Master Card Number	N	lame on Card	Exp Date		CVV (security code)				

Examination protocol

- BAER testing is done on canines at least 35 days old.
- A signal sound pressure level between 70 and 105 db is used to obtain a response with peaks I and V judged present at their appropriate latencies.
- Insert earphones will be used.
- · Chemical restraint is optional.
- The test is done in such a manner that movement will not cause an artifact that could be mistaken for a response to a stimulus.
- At least 200 clicks will be used to obtain the response.

- A masking tone is not considered necessary if recordings are made with electrodes positioned along the midline and in the ipsilateral mastoid region; a masking tone is necessary if the electrodes are placed along the midline at the vertex and the T-1.
- Under appropriate circumstances when an ear tests as deaf using air-conducted stimuli, and the possibility of conduction deafness exists (chronic otitis, excess ear wax accumulation), repeat testing with a bone stimulation transducer is recommended.
- A printed copy of the BAER Test tracing will be provided to the owner and the OFA.
- The Printed copy of the BAER tracing must contain the dog's name or identification linking it to this application.

Boston terrier owners STOP. Go to next page

All other breeds, fill out the information below. Disregard page 3.

Litter Submission Form										
Registration number of sire	Registration number of dam	 Litter registration number								

Litter-	Name/Identifier	Chip/	Sex	Color	Patch	Left eye	Right eye	Test Results		
mate #		Tattoo				color	color		Right ear	dB
/01										
/02										
/03										
/04										
/05										
/06										
/07										
/08										
/09										
/10										
/11										

Boston Terriers Only

For Boston Terriers, please fill out the relevant information on the chart below. Eye color can be Blue, Brown, or Partial Blue for each eye. Then fill in the body markings of each dog on the provided outlines. **NOTE** – while this form has been set up to accommodate litter submissions, BAER test results and marking pattern data from dogs of any age is encourage and may be submitted

Registration number of sire Registration number of dam Litter registration number

Litter-	Chip/Tattoo	Sex	White Ear				Left eye	Right eye	Test Results			
mate #	·		Ba		Fro	ont	color	color	Left ear Right ear		dB	
/01			L	R	L	R			Lercear	Mg/It ear	ub .	
/02												
/03												
/04												
/05		_										
/06												











