



Orthopedic Foundation for Animals

2300 E. Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418, Fax: (573)875-5073
www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

RIGHT EYE **GLOBE** LEFT EYE

microphthalmos

keratoconjunctivitis sicca

glaucoma

EYELIDS

entropion

ectropion

distichiasis

ectopic cilia

imperforate lacrimal punctum

NICTITANS

cartilage anomaly/eversion

gland prolapse

CORNEA

dystrophy—epithelial/stromal

dystrophy—endothelial

pannus

pigmentary keratitis/keratopathy

UVEA

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary uveitis

uveal melanoma

persistent pupillary membranes

LENS

iris to iris

iris to lens

iris to cornea

iris sheets

lens pigment foci/no strands

endothelial opacity/no strands

free floating

single

multiple

RIGHT EYE **FUNDUS** LEFT EYE

detached

geographic

folds

retinal detachment

retinal atrophy—generalized

retinopathy

retinal dysplasia

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

folds

geographic

detached

Ophthalmologist Name: **Dr. Wendy Townsend**

Ophthalmologist Address: **EC 254**

Purdue University State: **IN** Zip/postal code: **47907**

Phone: **765-494-1907**

Email:

Registered name: **Break of Dawn Spirit of Colours**

Breed: **Golden Retriever** Sex: **Female**

ID Number (if any): Tattoo Microchip

~~SR84965602~~

Registration Number: **SR84965602** Other

Date of Birth: **032714** Date of Exam: **091215**

Owner Name: **Mandy King** Phone: **317-431-0928**

Co-Owner Name: **Tom Evans**

Owner Address: **1515 WOOD N**

City: **Whiteland** State: **IN** Zip/postal code: **46184**

E-Mail (use both lines if needed):
COOLRUNNINGSGOLD
ENS@GMAIL.COM

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative
Mandy King

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

- OFA Eye Clearance Database**
- Initial submission \$12.00
 - Resubmits: \$8.00
 - Litter of 3 or more submitted together \$30.00
 - Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person: \$7.50 ea.
 - Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.

12/22/14

270686

WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomat copy

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RIGHT EYE	LENS	LEFT EYE
<p>CORNEA</p> <p><input type="checkbox"/> T <input type="checkbox"/> N</p> <p><input type="checkbox"/> P</p>	<p><input type="checkbox"/> endothelial opacity/no strands</p> <p><input type="checkbox"/> lens pigment foci/no strands</p> <p><input type="checkbox"/> iris sheets</p> <p><input type="checkbox"/> iris to cornea</p> <p><input type="checkbox"/> iris to lens</p> <p><input type="checkbox"/> iris to iris</p>	<p>CORNEA</p> <p><input type="checkbox"/> T <input type="checkbox"/> N</p> <p><input type="checkbox"/> P</p>
<p>CATARACT</p> <p><input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc.</p> <p><input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature</p>	<p>LENS</p> <p><input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes</p>	<p>CATARACT</p> <p><input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc.</p> <p><input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature</p>
<p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p> <p><input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p>	<p><input type="checkbox"/> subluxation/luxation</p> <p>VITREOUS</p> <p><input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p>	<p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p>

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

NORMAL

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: **Wendy Townsend** ACVO # _____ Date: **09/21/15**

Diplomat/American College of Veterinary Ophthalmologists

Comments: _____