



Orthopedic Foundation for Animals
 2300 E Noling Blvd, Columbia, MO 65201-3306
 Phone: (573) 442-0416, Fax: (573)875-5077
 www.ofa.org. A not-for-profit organization

Companion Animal Eye Registry (CAER)

Case Name: LIBBY Case No: BTF
 Registered Name: CUSTARDY LIBERTY
 Breed: Australian Shepherd F
 Registration No: 010141001483817810
 Date of Birth (mm-dd-yy): 01/12/22 Date of Exam (mm-dd-yy): 08/07/25
 Owner Name: CATHERINE D UPTON
 Co-Owner Name: 232 295994
 Owner Address: 11000 Taha Way
Chino Valley State: AZ Zip: 86323
 Email: CU20201.COM

I hereby certify that the animal examined is the animal described on the 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 on the authorization to release which permits the release of non-passing results to the public.

Signature of owner or authorized agent/representative: [Signature]
 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) CU

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog
 NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.
 Signature: [Signature] Date: 8/7/25
 Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
	EYELIDS	
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
	NICTITANS	
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
	CORNEA	
<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
	UVEA	
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
	peristent pupillary membranes	
<input type="checkbox"/>		<input type="checkbox"/>
	LENS	
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
<input type="checkbox"/>	Significance Unknown/Suspect Not Inherited	<input type="checkbox"/>
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
	VITREOUS	
<input type="checkbox"/>	hemorrhage	<input type="checkbox"/>
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: Lisa Felchle, DVM, DACVO
 Ophthalmologist Address: EC245
 Eye Care for Animals
 (480) 635-1110
 Phone: Eye Care for Animals
 Email:

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
	OTHER CONDITIONS	
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

NORMAL

Comments:
