



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

Registered name: Mala
 Breed: Golden Retriever Sex: F
 ID Number (if any): Tattoo Microchip
900118000353179
 Registration Number: AKC Other
 Date of Birth: 07/30/15 Date of Exam: 09/07/16
 Owner Name: Jourdan Rodammer
 Co-Owner Name: _____ Phone: (616)502-0322
 Owner Address: 6258 Unity Lane
 City: Fennville State: MI Zip/postal code: 49408
 E-Mail (use both lines if needed):
journeyalive@hotmail.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]
 Signature of owner or authorized agent/representative

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

264290

Companion Animal Eye Registry (CAER)

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"/>	
CORNEA			CORNEA	
T	N	<input type="checkbox"/>	N	T
		distichiasis		
		ectopic cilia		
		imperforate lacrimal punctum		
		NICTITANS		
		cartilage anomaly/eversion		
		gland prolapse		
		plasmoma/atypical pannus		
		CORNEA		
A	P	<input type="checkbox"/>	A	P
		dystrophy—epithelial/stromal		
		dystrophy—endothelial		
		pannus		
		pigmentary keratitis/keratopathy		
		UVEA		
		uveal cyst		
		iris coloboma		
		iris hypoplasia		
		iris sphincter dysplasia		
		pigmentary uveitis		
		uveal melanoma		
		OTHER		
		persistent pupillary membranes		
CATARACT		LENS	CATARACT	
T	N	incorp. incip. Part. Part. incip. incorp.	N	T
		anterior cortex		
		posterior cortex		
		equatorial cortex		
		anterior sutures		
		posterior sutures		
		nucleus		
		capsular		
		generalized/complete		
		resorbing/hypermature		
		OTHER		
		suspect not inherited		
		subluxation/luxation		
		VITREOUS		
ant. chamber		PHPV/PHTVL		ant. chamber
synchysis		persistent hyaloid artery		synchysis
		degeneration		

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Karen Brantman
EC 491
BluePearl Veterinary Specialists
616-284-5300
 City: _____
 Phone: _____
 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"/>		retinopathy	<input type="checkbox"/>	
		OTHER		
		retinal dysplasia		
		choroidal hypoplasia		
		coloboma		
		optic nerve coloboma		
		optic nerve hypoplasia		
		micropapilla		
		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: *[Signature]* ACVO # 491 Date: 9/7/16
 Diplomate, American College of Veterinary Ophthalmologists

Comments
