



# 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

Call Name:	<b>CADENCE</b>
Registered Name:	REVENIR-CHAMPLAIN I WANNA BE AN AIRBORNE RANGER CGCA CGCU TKE
Sex/Breed:	<b>M GREAT DANE WORKING</b>
Microchip/Tattoo:	<b>98 1020031659051</b>
Registration No:	<b>WS669180/04</b>
Date of Birth:	<b>08/12/2019</b>
Owner Name:	<b>WENDY WHITLOCK</b>
Co-owner Name:	<b>MR. MARK JACKSON</b>
Owner Address:	
City/State/Postal:	<b>COLORADO SPRINGS CO 80923</b>
Email:	
Telephone:	

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. **I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.**

Signature of owner or authorized agent/representative

**05/08/2021**

Date of Exam (mm/dd/yyyy)

<input type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

**54**

Signature/ACVO#/Date

Exam registration number: **21J2PF**



## Companion Animal Eye Registry (CAER)

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

Ophthalmologist:	<b>DR. STEVEN M. ROBERTS</b>
Clinic Name:	<b>ANIMAL EYE CENTER, PC</b>
ACVO #:	<b>54</b>
Phone:	<b>970-461-0909</b>

RIGHT EYE				LEFT EYE			
<b>FUNDUS</b>							
		retinal detachment					
		retinal atrophy - generalized					
		retinopathy					
		retinal dysplasia					
		choroidal hypoplasia					
		coloboma					
		optic nerve coloboma					
		optic nerve hypoplasia					
		micropapilia					

OTHER CONDITIONS	
<input type="checkbox"/>	Unlisted conditions suspected as <b>Inherited</b> . Describe in comments
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b> .

<b>NORMAL</b>
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Comments
