



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: **Malia**

Registered name: **CH Seagypsy's The Curis Are Back In Town**

Breed: **Portugese Water Dog** Sex: **F**

ID Number (if any): Tattoo Microchip
985112010417237

Registration Number: Other
WS 5926005

Date of Birth (mm/dd/yy): **091019**

Owner Name: **Virginia Brown**

Co-Owner Name: **(850) 816-2508**

Owner Address: **200 Timberview Dr.**

City: **Safety Harbor** State: **FL** Zip/postal code: **34625**

E-Mail (use both lines if needed):

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
Virginia Brown

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)

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

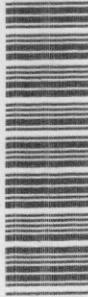
I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *Kest M. Burgess* Date: **5/11/19**

ACVO #

Diplomate, American College of Veterinary Ophthalmologists

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



645800

Companion Animal Eye Registry (CAER)

Ophthalmologist: **James S. Roberts (0054)**

Office Address: **Burgesser (0229)**

City: **Annisal Eye Center** Zip/postal code: **0538**

215 W. 67th Ct, Loveland, CO

(970) 461-0909; aecloveland@gmail.com

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos
 keratoconjunctivitis sicca
 glaucoma

EYELIDS

entropion
 ectropion

distichiasis
 ectopic cilia

imperforate lacrimal punctum

NICTITANS

cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus

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

CORNEA

RIGHT EYE **FUNDUS** **LEFT EYE**

T **N** **T**

A **P** **P**

detached geographic folds folds geographic folds detached geographic folds

retinal detachment retinal atrophy — generalized retinopathy retinal dysplasia

choroidal hypoplasia coloboma optic nerve coloboma optic nerve hypoplasia micropapilla

endothelial opacity/no strands lens pigment foc/n strands iris sheets iris to cornea iris to iris iris to lens iris to iris multiple single free floating

LENS

CATARACT **CATARACT**

T **N** **T**

A **P** **P**

anterior cortex posterior cortex equatorial cortex anterior sutures posterior sutures nucleus capsular generalized/complete resorbing/hypermature

Significance Unknown/Suspect Not Inherited

subluxation/luxation

VITREOUS

PHPV/PHTVL persistent hyaloid artery degeneration

ant. chamber syneresis ant. chamber syneresis

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as **not inherited**

NORMAL

Comments