



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
 plasmoma/atypical pannus
CORNEA
 dystrophy — epithelial/stromal
 dystrophy — endothelial
 pannus
 pigimentary keratitis/keratopathy
UVEA
 uveal cyst
 free floating
 single
 multiple

Ophthalmologist Name: **Dr. Nathan Kice EC360**
 Ophthalmologist Address: **Summit Veterinary Referral Center
 Tagawa, WA
 253-983-1114**
 City: _____
 Phone: _____
 Email: _____

Call name: **Hellium**
 Registered name: **Hellium**
 Breed: **Lab** Sex: **F**
 ID Number (if any): Tattoo Microchip
95600011914199
 Registration Number: AKC Other
 Date of Birth (mm/dd/yy): **04/01/19** Date of Exam (mm/dd/yy): **11/10/20**

Owner Name: **Bill Rich** Phone: **8052854455**
 Co-Owner Name: _____
 Owner Address: **5430 672 Ave NE**
 City: **Olney, MO** State: **MO** Zip/postal code: **64576**
 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 the 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: *[Signature]*

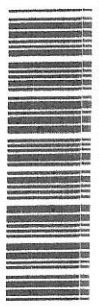
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) **None**

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]* ACVO # _____ Date: **360 11-10-2020**

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



683800

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

<p>CORNEA</p> <p>T <input type="checkbox"/> N <input type="checkbox"/></p> <p>A <input type="checkbox"/> P <input type="checkbox"/></p>	<p>CORNEA</p> <p>N <input type="checkbox"/> T <input type="checkbox"/></p> <p>A <input type="checkbox"/> P <input type="checkbox"/></p>
<p>endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris</p>	<p>iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigimentary uveitis <input type="checkbox"/> uveal melanoma</p>
<p>free floating <input type="checkbox"/> single <input type="checkbox"/> multiple</p>	<p>multiple <input type="checkbox"/> single <input type="checkbox"/> free floating</p>
<p>persistent pupillary membranes</p>	<p>iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands</p>
<p>ANTERIOR CHAMBER</p> <p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p>	<p>ANTERIOR CHAMBER</p> <p><input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber</p>

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

detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 retinopathy
 retinal dysplasia
 folds
 geographic
 detached

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

Comments _____

02/27/19