



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

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigimentary uveitis

uveal melanoma

persistent pupillary membranes

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to Iris

free floating

single

multiple

multiple

single

free floating

Ophthalmologist Name: **Dr. Carl Budelsky EC356**

VCA Advanced Veterinary Care Center
 7712 Crosspoint Commons
 Fishers, IN 46038

_____/postal code: _____

Registered name: **Alpen Ridge Walkabout** Ser: **M**

Breed: **Australian Labradoodle**

ID Number (if any): Tattoo Microchip

045009383

Registration Number: AKC Other

ALAA-019366

Date of Birth: **032710** Date of Exam: **820114**

Owner Name: **Kendra Vestal** Phone: **3177707418**

Co-Owner Name: _____

Owner Address: **18917 Mill Grove Dr**

City: **Noblesville** State: **IN** Zip/postal code: **46062**

E-Mail (use both lines if needed): **Kendrea@noblevestaldoodles.com**

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner 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) **RJV**

- 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.
 4/14/14 **173313**

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|---|--|--|--|---|--|---|---|---|--|--|
| <input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis | CATARACT <input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc. | <input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature | LENS <input type="checkbox"/> persistent pupillary membranes | <input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber | CATARACT <input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Incomp. | <input type="checkbox"/> 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 | CORNEA <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple | CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigimentary/keratitis/keratopathy | UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigimentary uveitis <input type="checkbox"/> uveal melanoma | RIGHT EYE FUNDUS LEFT EYE |
| | | | | | | | | | | |

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

detached

geographic

folds

retinal detachment

retinal atrophy—generalized

retinopathy

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 # **356** Date **8-20-14**

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____