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)

Ophthalmologist Name: Rebecca Burwell, DVM, DACVO
Ophthalmologist Address: EC252
City: Eye Care for Animals State: (707) 571-8442 Zip/postal code:
Phone: ACVO #:
Email:

Call name: Ellie
Registered name: Zeva's Le Abby Moonshine Runner
Breed: Labrador Retriever Sex: Female
ID Number (if any): ☐ Tattoo ☒ Microchip 933000120203887
Registration Number: ☒ AKC ☐ Other SS05966501
Date of Birth (mm/dd/yy): 042418 Date of Exam (mm/dd/yy): 030920

Owner Name: Jenny Otterson
Co-Owner Name: Phone: 530-945-6399
Owner Address: PO Box 2
City: Maxwell State: CA Zip/postal code: 95955
E-Mail (use both lines if needed): okelabradors@gmail.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) _____

☒	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	ACVO #	Date
[signature]	252	3/9/2020

Diplomate, American College of Veterinary Ophthalmologists

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

694747

GLOBE

RIGHT EYE		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: T N / A P — CORNEA: N T / A P

☐ free floating ☐ single ☐ multiple — ☐ multiple ☐ single ☐ free floating

☐ endothelial opacity/no strands ☐ lens pigment foci/no strands ☐ iris sheets ☐ iris to cornea ☐ iris to lens ☐ iris to Iris — ☐ iris to Iris ☐ iris to lens ☐ iris to cornea ☐ iris sheets ☐ lens pigment foci/no strands ☐ endothelial opacity/no strands

LENS

Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
☐	☐	☐	anterior cortex	☐	☐	☐
☐	☐	☐	posterior cortex	☐	☐	☐
☐	☐	☐	equatorial cortex	☐	☐	☐
☐	☐	☐	anterior sutures	☐	☐	☐
☐	☐	☐	posterior sutures	☐	☐	☐
☐	☐	☐	nucleus	☐	☐	☐
☐	☐	☐	capsular	☐	☐	☐
☐			generalized/complete			☐
☐			resorbing/hypermature			☐

CATARACT: T N / A P — CATARACT: N T / A P

☐ ***Significance Unknown/Suspect Not Inherited*** ☐

☐	subluxation/luxation	☐

VITREOUS

☐	PHPV/PHTVL	☐
☐	persistent hyaloid artery	☐
☐	degeneration	☐

☐ ant. chamber ☐ syneresis — ☐ syneresis ☐ ant. chamber

FUNDUS

RIGHT EYE		LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	retinopathy	☐
☐	retinal dysplasia	☐
☐	choroidal hypoplasia	☐
☐	coloboma	☐
☐	optic nerve coloboma	☐
☐	optic nerve hypoplasia	☐
☐	micropapilla	☐

☐ detached ☐ geographic ☐ folds — ☐ folds ☐ geographic ☐ detached

OTHER CONDITIONS

☐	Unlisted conditions suspected as **inherited**. Describe in comments	☐
☐	Unlisted conditions suspected as **not inherited**	☐

☒ **NORMAL** ☒

Comments

02/27/19

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

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