



**Orthopedic Foundation for Animals**  
 2300 E. Nilong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573) 875-5073  
 www.ofa.org, A not-for-profit organization

### Application for Eye Database

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

microphthalmos

keratoconjunctivitis sicca

glaucoma

**EVELIDS**

entropion

ectropion

distichiasis

ectopic cilia

imperforate lacrimal punctum

**NICTITANS**

cartilage anomaly/eversion

gland prolapse

plasmoma/atypical pannus

**CORNEA**

dystrophy — epithelial/stromal

dystrophy — endothelial

pannus

exposure/pigmentary keratitis

**UVEA**

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary 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

ciliary body

iris

ant. chamber

Veterinarian name: **Deanna Norman, DVM, DACVO**

Veterinarian **EC361** State: **MO** Zip/postal code: **65201**

City: **Springfield** Phone: **(623) 872-3937**

AKO #: **AKO#** Email: **deanna@normanvets.com**

Registered name: **PATCHES (BUDDY)**

Breed: **LADDER DOG** Sex: **M**

ID Number (if any):  Tattoo  Microchip **9811020013515912**

Registration Number:  AKC  Other

Date of Birth: **11/02/14** Date of Exam: **12/10/15**

Owner name: **TERRY Parter**

Owner Address: **4935 W EL DORADO DR**

City: **SUN CITY** State: **AZ** Zip/postal code: **85351**

E-Mail (use both lines if needed): **SPROUTER@SUNMAIL.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 representative)

*Terry Parter*

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) *TP*

**OFA Eye Clearance Database**

Initial submission ..... \$12.00

Resubmits: ..... \$8.00

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.

Visa/Master Card Number \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

**CORNEA**

T  N

A  P

**CORNEA**

N  T

A  P

ANT. CHAMBER	SYNERESIS	ANT. CHAMBER	SYNERESIS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WITREOUS</b>	<input type="checkbox"/>	<b>WITREOUS</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHPV/PTVL</b>	<input type="checkbox"/>	<b>PHPV/PTVL</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>persistent hyaloid artery</b>	<input type="checkbox"/>	<b>persistent hyaloid artery</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>degeneration</b>	<input type="checkbox"/>	<b>degeneration</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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**

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]* Date: **12/10/15**

Diplomate American College of Veterinary Ophthalmologists

Comments: \_\_\_\_\_

077989