



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
 EYE LIDS
 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

Ophthalmologist Name: **Panna Norman, DVM, DACVO**
 Ophthalmologist Address: **EC361**
 City: **Eye Care for Animals** State: **AG** Zip/postal code: **(623) 872-3993**
 Phone: **AG94#** Email:

Registered name: **ROSO LUNA** Sex: **M**
 Breed: **LABRADOR DOG**
 ID Number (if any): Tattoo Microchip
 Registration Number: **98020023199019** AKC Other
 Date of Birth (mm/dd/yy): **01/02/18** Date of Exam (mm/dd/yy): **07/05/18**

Owner Name: **Gerry Porter** Phone: **287-712-4388**
 Co-Owner Name: _____
 Owner Address: **9935 W ELDORADO DR**
 City: **SUN CITY** State: **K2** Zip/postal code: **85351**

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: **Hampden**

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) _____

IDID verify microchip/tattoo on this dog
 IDID NOT verify microchip/tattoo on this dog

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

Signature: _____ ACVO # _____ Date: **#361 7/5/18**

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



<input type="checkbox"/> 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	<input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple	<input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	<input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating	<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
				<input type="checkbox"/> persistent pupillary membranes

CATARACT

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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 _____

Comments

NORMAL