



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**

RIGHT 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** free floating single multiple uveal cyst iris coloboma iris hypoplasia iris sphincter dysplasia pigmentary uveitis uveal melanoma persistent pupillary membranes iris to iris iris to lens iris to cornea iris sheets lens pigment foci/no strands endothelial opacity/no strands

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** free floating single multiple uveal cyst iris coloboma iris hypoplasia iris sphincter dysplasia pigmentary uveitis uveal melanoma persistent pupillary membranes iris to iris iris to lens iris to cornea iris sheets lens pigment foci/no strands endothelial opacity/no strands

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

Ophthalmologist Name: **Dr. Jonathan Pucket EC507**
 Ophthalmologist Address: **Oklahoma Veterinary Specialists**
 City: **Tulsa, OK** Telephone: **918-288-4900** Zip/postal code: **74104**
 Email:

Call name: **Justice**
 Registered name: **HOK9 JUSTICE**
 Breed: **Belgian Malinois** Sex: **F**
 ID Number (if any): Tattoo Microchip
 Registration Number: **933000320307781** ARC Other
 Date of Birth (mm/dd/yy): **12/21/19** Date of Exam (mm/dd/yy): **05/17/21**

Owner Name: **Frank Davis**
 Co-Owner Name: _____ Phone: _____
 Owner Address: **797 S. 651** State: **OK** Zip/postal code: **74134**
 City: **Palston**
 E-Mail (use both lines if needed): **132011C@BGMHIL.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 of owner or authorized agent/representative: *Frank Davis*

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: *[Signature]* ACVO # **507** Date **5-17-21**
 Diploma, American College of Veterinary Ophthalmologists

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

CORNEA	<input type="checkbox"/> T <input type="checkbox"/> N	<input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple	<input type="checkbox"/> dystrophy—epithelial/stromal <input type="checkbox"/> dystrophy—endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> 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"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes
CORNEA	<input type="checkbox"/> A <input type="checkbox"/> P	<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
CATARACT	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P	<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
CATARACT	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc.	<input type="checkbox"/> subluxation/luxation <input type="checkbox"/> VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration <input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber

ant. chamber syneresis

ant. chamber syneresis

Comments

