



Orthopedic Foundation for Animals
 2300 E. Niwong 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 EYELEIDS 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 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

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 endothelial opacity/no strands lens pigment foci/no strands iris sheets iris to cornea iris to lens iris to iris free floating multiple single free floating

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

detached geographic folds retinal detachment retinal atrophy—generalized CMR/CMR-like retinopathy other presumed inherited 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: Adam King, DVM, DACVO
 EC555
 Ophthalmologist Address: askingdvm@gmail.com
 City: State: Zip/postal code:
 Phone: ACVO #: Email:

Call name: **Atos**
 Registered name: **Bratswain Atos-BL**
 Breed: **Cavalier** Sex: **Male**
 Microchip/Tattoo: **3802600043866275**
 Registration Number: **TS43174401**
 Date of Birth (mm/dd/yy): **111018** Date of Exam (mm/dd/yy): **030422**

Owner Name: **Myron Miller**
 Co-Owner Name: **Myron Miller** Phone: **3302310927**
 Owner Address: **3528 TR 374**
 City: **Millersburg** State: **OH** Zip/postal code: **44654**
 E-Mail (use both lines if needed): **MYRONH527@gmail.com**

I hereby certify that 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. I further understand that all results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Signature of owner or authorized agent/representative: *Myron Miller*

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 # _____ Date: *3/4/22*

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



800419

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

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<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis		<input type="checkbox"/> posterior Y-suture tip opacities <input type="checkbox"/> subluxation/luxation		VITREOUS <input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration		<input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber	
<input type="checkbox"/> Significance Unknown/Suspect Not Inherited		<input type="checkbox"/> Significance Unknown/Suspect Not Inherited		<input type="checkbox"/> Significance Unknown/Suspect Not Inherited		<input type="checkbox"/> Significance Unknown/Suspect Not Inherited	

<input checked="" type="checkbox"/> NORMAL		<input type="checkbox"/> NORMAL	
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03/16/21