Companion Animal Eye Registry (CAER)

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

Registered name: Keepsake's Little Blue Merle Moon
Breed: Poodle
Sex: M
ID Number (if any): ☐ Tattoo ☒ Microchip: 985141012520004
Registration Number: ☐ AKC ☐ Other: GANA-0108699
Date of Birth (mm/dd/yy): 12/17/16
Date of Exam (mm/dd/yy): 08/10/17

Owner Name: Robin Knox
Co-Owner Name: Heather Knox
Phone: 3306208305
Owner Address: 3327 Grenfall Rd
City: Norton
State: OH
Zip/postal code: 44203
E-Mail (use both lines if needed): keepsakedoodles@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.

Jessica Knox
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

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

Signature: [signature] ACVO #: 25587077 Date:
Diplomate, American College of Veterinary Ophthalmologists

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

437197

Ophthalmologist Name: Dr. Margaret Foss EC255
Ophthalmologist Address: Animal Eye Consultants of Ohio
City: Alliance, OH State: Zip/postal code:
Phone: 330-829-0107 ACVO #:
Email:

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

CORNEA (T N A P) CORNEA (N T A P)

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

☐ ***suspect not inherited*** ☐

☐ subluxation/luxation ☐

☐ ant. chamber ☐ syneresis	VITREOUS	☐ syneresis ☐ ant. chamber
☐	PHPV/PHTVL	☐
☐	persistent hyaloid artery	☐
☐ ☐	degeneration	☐ ☐

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

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

08/19/16