



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

Companion Animal Eye Registry (CAER)

Aspen

Registered name: Keepsake's Keep the Fire Burning
 Breed: Goldenoodle Sex: M

ID Number (if any): ☐ Tattoo ☒ Microchip
956000007558102
 Registration Number: ☐ AKC ☒ Other
GANA-013645
 Date of Birth (mm/dd/yy): 01/11/18 Date of Exam (mm/dd/yy): 08/09/18

Owner Name: Robin Knox
 Co-Owner Name: _____ Phone: 330620-8305
 Owner Address: 3321 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 Kane
 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: _____ ACVO # 2558918 Date: _____

Diplomate, American College of Veterinary Ophthalmologists

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



453541

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		
☐	uveal cyst	☐
☐	iris coloboma	☐
☐	iris hypoplasia	☐
☐	iris sphincter dysplasia	☐
☐	pigmentary uveitis	☐
☐	uveal melanoma	☐
persistent pupillary membranes		
LENS		
CATARACT	Incip. Incip. Punc. Punc. Incip. Incip.	CATARACT
☐	anterior cortex	☐
☐	posterior cortex	☐
☐	equatorial cortex	☐
☐	anterior sutures	☐
☐	posterior sutures	☐
☐	nucleus	☐
☐	capsular	☐
☐	generalized/complete	☐
☐	resorbing/hypermature	☐
☐ suspect not inherited		
☐ subluxation/luxation		
VITREOUS		
☐	PHPV/PHTVL	☐
☐	persistent hyaloid artery	☐
degeneration		

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

RIGHT EYE	FUNDUS	LEFT EYE
☐	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	☐

NORMAL

Comments

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

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08/19/16