



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)

Registered name: Farmerdoodles N Keepsake's Little Rockin Rosie
Breed: Goldendoodle Sex: F

ID Number (if any): ☐ Tattoo ☒ Microchip
981020013721679
Registration Number: ☐ AKC ☒ Other
GANA-009181
Date of Birth (mm/dd/yy): 092315 Date of Exam (mm/dd/yy): 101818

Owner Name: Robin Knox
Co-Owner Name: _____ Phone: 330-6208305
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.

[Signature]
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 # 255 Date 101818

Diplomate, American College of Veterinary Ophthalmologists

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



528080

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	Incomp. Incip. Punc. Punc. Incip. Incomp.	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 of Ohio State: OH 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