



# 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

Registered name: Partitimes Doim' The Cha Cha  
 Breed: Australian Multigen Labradoodle F  
 ID Number (if any): PTTACC  Tattoo  Microchip  
 Registration Number: ALAA-040920  AKC  Other  
 Date of Birth: 20/03/13 Date of Exam: 27/05/13  
 Owner/Co-owner Name: Kelsie Payne  
 Co-Owner Name: Daria Conrad Phone: 403 653 3125  
 Owner Address: Box 1362  
 City: Cardston State: AB Zip/postal code: 10000  
 E-Mail (use both lines if needed):  
kelsie@puppylove  
labradoodles.com

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

*Kelsie Payne*

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) \_\_\_\_\_

### OFA Eye Clearance Database

- Initial submission ..... \$12.00
- Resubmits: ..... \$8.00
- Litter of 3 or more submitted together ..... \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. .... \$7.50 ea.
- Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.

## Companion Animal Eye Registry (CAER)

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	microphthalmos		<input type="checkbox"/>	
<input type="checkbox"/>	keratoconjunctivitis sicca		<input type="checkbox"/>	
<input type="checkbox"/>	glaucoma		<input type="checkbox"/>	
<b>EYELIDS</b>				
<input type="checkbox"/>	entropion		<input type="checkbox"/>	
<input type="checkbox"/>	ectropion		<input type="checkbox"/>	
<input type="checkbox"/>	distichiasis		<input type="checkbox"/>	
<input type="checkbox"/>	ectopic cilia		<input type="checkbox"/>	
<input type="checkbox"/>	imperforate lacrimal punctum		<input type="checkbox"/>	
<b>NICTITANS</b>				
<input type="checkbox"/>	cartilage anomaly/eversion		<input type="checkbox"/>	
<input type="checkbox"/>	gland prolapse		<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus		<input type="checkbox"/>	
<b>CORNEA</b>				
<input type="checkbox"/>	dystrophy—epithelial/stromal		<input type="checkbox"/>	
<input type="checkbox"/>	dystrophy—endothelial		<input type="checkbox"/>	
<input type="checkbox"/>	pannus		<input type="checkbox"/>	
<input type="checkbox"/>	exposure/pigmentary keratitis		<input type="checkbox"/>	
<b>UVEA</b>				
<input type="checkbox"/>	uveal cyst		<input type="checkbox"/>	
<input type="checkbox"/>	iris coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	iris hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	iris sphincter dysplasia		<input type="checkbox"/>	
<input type="checkbox"/>	pigmentary uveitis		<input type="checkbox"/>	
<input type="checkbox"/>	uveal melanoma		<input type="checkbox"/>	
<b>LENS</b>				
<input type="checkbox"/>	anterior cortex		<input type="checkbox"/>	
<input type="checkbox"/>	posterior cortex		<input type="checkbox"/>	
<input type="checkbox"/>	equatorial cortex		<input type="checkbox"/>	
<input type="checkbox"/>	anterior sutures		<input type="checkbox"/>	
<input type="checkbox"/>	posterior sutures		<input type="checkbox"/>	
<input type="checkbox"/>	nucleus		<input type="checkbox"/>	
<input type="checkbox"/>	capsular		<input type="checkbox"/>	
<input type="checkbox"/>	generalized/complete		<input type="checkbox"/>	
<input type="checkbox"/>	resorbing/hypermature		<input type="checkbox"/>	
<b>significance of cataract unknown</b>				
<input type="checkbox"/>	subluxation/luxation		<input type="checkbox"/>	
<b>VITREOUS</b>				
<input type="checkbox"/>	PHPV/PTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
<input type="checkbox"/>	degeneration		<input type="checkbox"/>	

Ophthalmologist: Dr. Brian J. Skorobohach EC246  
 Ophthalmologist: Calgary Animal Referral and Emergency Centre  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized		<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	retinal dysplasia		<input checked="" type="checkbox"/>	
<input type="checkbox"/>	choroidal hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	micropapilla		<input type="checkbox"/>	
<b>OTHER CONDITIONS</b>				
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments		<input type="checkbox"/>	
<input type="checkbox"/>	Unlisted conditions suspected as not inherited		<input type="checkbox"/>	

**NORMAL**

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 #: 246 Date: 5/27/13

Diplomate, American College of Veterinary Ophthalmologists

Comments