



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

Companion Animal Eye Registry (CAER)

Registered name: Puppy loves lets get away
 Breed: Australian Maltipen Labradoodle Sex: F
 ID Number (if any): 951600004487078
 Registration Number: ALHA-049832
 Date of Birth: 100216 Date of Exam: 131216

Owner Name: Kelsey Payne
 Co-Owner Name: Dana Conrad Phone: 405-533-3125
 Owner Address: Box 1362
 City: Cardston State: AB Zip/postal code: T0C0K0

E-Mail (use both lines if needed):
kels131e@puppylove
labradoodle.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 of owner or authorized agent/representative: Kelsey Payne

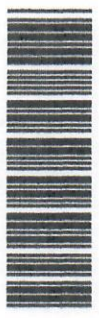
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

- 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
 - 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.

340401



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

Ophthalmologist: Dr. Brian J. Skorobohach EC246
 Calgary Animal Referral and Emergency Centre
 7140 12th St SE
 Calgary, AB T2H 2Y4

City: _____
 Phone: _____
 Email: _____

<p>CORNEA</p> <p>T <input type="checkbox"/> N <input type="checkbox"/></p> <p>A <input type="checkbox"/> P <input type="checkbox"/></p> <p>RIGHT EYE GLOBE LEFT EYE</p> <p><input type="checkbox"/> microphthalmos</p> <p><input type="checkbox"/> keratoconjunctivitis sicca</p> <p><input type="checkbox"/> glaucoma</p> <p>EYELIDS</p> <p><input type="checkbox"/> entropion</p> <p><input type="checkbox"/> ectropion</p> <p><input type="checkbox"/> distichiasis</p> <p><input type="checkbox"/> ectopic cilia</p> <p><input type="checkbox"/> imperforate lacrimal punctum</p> <p>NICTITANS</p> <p><input type="checkbox"/> cartilage anomaly/eversion</p> <p><input type="checkbox"/> gland prolapse</p> <p><input type="checkbox"/> plasmoma/atypical pannus</p> <p>CORNEA</p> <p><input type="checkbox"/> dystrophy — epithelial/stromal</p> <p><input type="checkbox"/> dystrophy — endothelial</p> <p><input type="checkbox"/> pannus</p> <p><input type="checkbox"/> pigmentary keratitis/keratopathy</p> <p>UVEA</p> <p><input type="checkbox"/> uveal cyst</p> <p><input type="checkbox"/> iris coloboma</p> <p><input type="checkbox"/> iris hypoplasia</p> <p><input type="checkbox"/> iris sphincter dysplasia</p> <p><input type="checkbox"/> pigmentary uveitis</p> <p><input type="checkbox"/> uveal melanoma</p> <p><input type="checkbox"/> persistent pupillary membranes</p> <p>LENS</p> <p><input type="checkbox"/> endothelial opacity/no strands</p> <p><input type="checkbox"/> lens pigment foci/no strands</p> <p><input type="checkbox"/> iris sheets</p> <p><input type="checkbox"/> iris to cornea</p> <p><input type="checkbox"/> iris to lens</p> <p><input type="checkbox"/> iris to iris</p> <p><input type="checkbox"/> free floating</p> <p><input type="checkbox"/> single</p> <p><input type="checkbox"/> multiple</p>	<p>CATARACT</p> <p>Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc. <input type="checkbox"/></p> <p><input type="checkbox"/> anterior cortex</p> <p><input type="checkbox"/> posterior cortex</p> <p><input type="checkbox"/> equatorial cortex</p> <p><input type="checkbox"/> anterior sutures</p> <p><input type="checkbox"/> posterior sutures</p> <p><input type="checkbox"/> nucleus</p> <p><input type="checkbox"/> capsular</p> <p><input type="checkbox"/> generalized/complete</p> <p><input type="checkbox"/> resorbing/hypermature</p> <p><input type="checkbox"/> suspect not inherited</p> <p><input type="checkbox"/> subluxation/luxation</p> <p>VITREOUS</p> <p><input type="checkbox"/> PHPV/PHTVL</p> <p><input type="checkbox"/> persistent hyaloid artery</p> <p><input type="checkbox"/> degeneration</p> <p><input type="checkbox"/> syneresis</p> <p><input type="checkbox"/> ant. chamber</p>	<p>CORNEA</p> <p>T <input type="checkbox"/> N <input type="checkbox"/></p> <p>A <input type="checkbox"/> P <input type="checkbox"/></p> <p>RIGHT EYE FUNDUS LEFT EYE</p> <p><input type="checkbox"/> retinal detachment</p> <p><input type="checkbox"/> retinal atrophy — generalized</p> <p><input type="checkbox"/> retinopathy</p> <p><input type="checkbox"/> retinal dysplasia</p> <p><input type="checkbox"/> choroidal hypoplasia</p> <p><input type="checkbox"/> coloboma</p> <p><input type="checkbox"/> optic nerve coloboma</p> <p><input type="checkbox"/> optic nerve hypoplasia</p> <p><input type="checkbox"/> micropapilla</p> <p>OTHER CONDITIONS</p> <p><input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments</p> <p><input type="checkbox"/> Unlisted conditions suspected as not inherited</p> <p>NORMAL</p> <p><input checked="" type="checkbox"/> I DID verify microchip/tattoo on this dog</p> <p><input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog</p>
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I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: [Signature] ACVO # 246 Date 12/15/16

Diplomat, American College of Veterinary Ophthalmologists

Comments: _____