



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: Manover Laboratories Getting Our Paws Off
 Breed: Australian Labradoodle Sex: M
 ID Number (if any): 933000120128888
 Registration Number: ALA-A-058262
 Date of Birth (mm/dd/yy): 040817 Date of Exam (mm/dd/yy): 101717

Owner Name: Ketee Payne Phone: 403-693-3795
 Co-Owner Name: _____
 Owner Address: Box 1362 State: MS Zip/postal code: 39200
 City: Candiston
 E-Mail (use both lines if needed): kelsie@pppy10ve.com
labradoodles.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: [Signature]

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 # _____ Date: 10/17/17

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK
COPY OF THE WHITE (OWNER) COPY



441425

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
 free floating
 single
 multiple

Ophthalmologist Name: Dr. Brian J. Skorobohach EC246
 Office: Orthopedic Referral & Emergency
 City: Calgary, AB State: _____ Zip/postal code: _____
 Phone: 403-520-8387 ACVO #: _____
 Email: _____

CORNEA **CORNEA**

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris

LENS
 persistent pupillary membranes
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma

CATARACT **CATARACT**

anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 suspect not inherited
 subluxation/luxation
 VITREOUS
 PHPV/PTVL
 persistent hyaloid artery
 degeneration

RIGHT EYE **FUNDUS** **LEFT EYE**

detached
 geographic
 folds
 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 Diplomat copy; YELLOW = ACVO Research copy © American College of Veterinary Ophthalmologists 08/19/16