



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: **Hale S aka "Scotch"** Sex: **M**

Breed: **Australian Labradoodle**

ID Number (if any): Tattoo Microchip 015826118

Registration Number: AKC Other ALA034100

Date of Birth: 081713 Date of Exam: 031014

Owner Name: **Heather Hale**

Owner Address: **17355 Albush Court**

City: **Bakersfield** State: **CA** Zip/Postal Code: **93314**

E-Mail (use both lines if needed):

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. (signature of owner or authorized representative)

H. Hale

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
- 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.

Visa/Master Card Number _____

Name on card _____

CVV _____

Expiration Date _____

Application for Eye Database

Veterinarian name: **Kathleen L. Boldy, V.M.D.**

Veterinarian Address: **11716 San Vicente Blvd.**

City: **Los Angeles** State: **CA** Zip/Postal Code: **90049**

Phone: **310-571-9151** ACVO #: _____

E-mail: **animalevela@yahoo.com**

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

exposure/pigmentary keratitis

UVEA

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary uveitis

uveal melanoma

persistent pupillary membranes

CORNEA	CORNEA	CORNEA	CORNEA
T 	N 	A 	P
<input type="checkbox"/> detached	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to iris
<input type="checkbox"/> geographic	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> folds	<input type="checkbox"/> ciliary body	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber
<input type="checkbox"/> retinal detachment	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris to lens
<input type="checkbox"/> retinal atrophy—generalized	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
<input type="checkbox"/> retinopathy	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> ciliary body	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> coloboma	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> micropapilla	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
OTHER CONDITIONS	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
<input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> Unlisted conditions suspected as not inherited	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens
<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> ciliary body	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> I DID verify microchip/tattoo on this dog	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *Hale* Date: **03/10/2014**

Diplomate, American College of Veterinary Ophthalmologists

Comments:

CATARACT

ant. chamber syneresis

VITREOUS

PHPV/PTVL

persistent hyaloid artery

degeneration