



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: MYKISS CHIP'S AHOY
 Breed: Labradior Retriever Sex: DOG

Registration Number: SR82603102
 Date of Birth (mm/dd/yy): 03/30/14 Date of Exam (mm/dd/yy): 09/14/19

Owner Name: Tamara Hartman

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
- NO MICROCHIP / TATTOO PRESENT

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

Signature R 153 ACVO # 9-14-19 Date

Diplomate, American College of Veterinary Ophthalmologists

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



567680

Companion Animal Eye Registry (CAER)

RIGHT EYE **GLOBE** LEFT EYE

- microphthalmos
- keratoconjunctivitis sicca
- glaucoma
- EYELIDS**
- entropion
- ectropion

CORNEA T N A P	<input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	CORNEA N T A P
endothelial opacity/no strands lens pigment foci/no strands free floating single multiple	<input type="checkbox"/> persistent pupillary membranes <input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to iris <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands	multiple single free floating

CATARACT T N A P	LENS <input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature	CATARACT N T A P
endothelial opacity/no strands lens pigment foci/no strands free floating single multiple	<input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands	multiple single free floating

suspect not inherited

- subluxation/luxation
- VITREOUS**
- PHPV/PHTVL
- persistent hyaloid artery
- degeneration

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Paul Scherlie EC153
 City: VCA Northwest Veterinary Sp Zip/postal code: _____
 Phone: Clackamas, OR
503-656-3999
 Email: _____

RIGHT EYE **FUNDUS** LEFT EYE

<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
--	--	--

OTHER CONDITIONS

- Unlisted conditions suspected as **inherited**. Describe in comments
- Unlisted conditions suspected as **not inherited**

NORMAL

Comments
