



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: Puddleducks Waterfowl Hunter

Breed: Labrador Sex: _____

ID Number (if any): 403609017F Tattoo Microchip

Registration Number: SR73877302 AKC Other

Date of Birth: 062212 Date of Exam: 110815

Owner Name: Frances Plessner

Co-Owner Name: Mark Warren Phone: 2073425888

Owner Address: 134 Higgins Hill Rd

City: Morrill State: ME Zip/postal code: 04952

E-Mail (use both lines if needed): _____

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

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.

	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"/>
		EYELIDS	
	<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"/>
		NICTITANS	
	<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"/>
		CORNEA	
	<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"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
		UVEA	
	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
	<input type="checkbox"/>	iris hypoptasia	<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"/>
	<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
		LENS	
	<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"/>
	<input type="checkbox"/>	suspect not inherited	<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		VITREOUS	
	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: _____

Ophthalmologist A: Dr. Alan Bachrach, Jr EC030

City: Veterinary Ophthalmology of New England

Phone: 139 East St

Email: Petersham, MA 01366

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
		OTHER CONDITIONS	
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<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: Alan Bachrach, VMD ACVO # _____ Date: 11/15/15

Diplomate, American College of Veterinary Ophthalmologists

Comments

299506