



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: **cedarwood's WINTER WISHES, RN, SH**
 Breed: **LABRADOR** Sex: **Male**
 ID Number (if any): Tattoo Microchip
9851210006238065
 Registration Number: AKC Other
SR65624401
 Date of Birth: **112910** Date of Exam: **110815**
 Owner Name: **NANCY R. BRANDOW**
 Co-Owner Name: _____ Phone: **207-356-1353**
 Owner Address: **1117 MAIN RD.**
 City: **BRADFORD** State: **ME** Zip/postal code: **04410**
 E-Mail (use both lines if needed):
cedarwood@myfairpoint.net

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
 Ophthalmologist Address: _____
 City: _____
 Phone: _____
 Email: _____
Dr. Alan Bachrach, Jr EC030
Veterinary Ophthalmology of
New England
139 East St
Petersham, MA 01366

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 hypoplasia		<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"/>	
persistent pupillary membranes				
LENS				
CATARACT		Incomp. Incip. Punc.	Punc. Incip. Incomp.	CATARACT
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
suspect not inherited				
<input type="checkbox"/>	subluxation/luxation		<input type="checkbox"/>	
VITREOUS				
<input type="checkbox"/>	ant. chamber syneresis		<input type="checkbox"/>	syneresis ant. chamber
<input type="checkbox"/>	PHPV/PHTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
<input type="checkbox"/>	degeneration		<input type="checkbox"/>	

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized		<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy		<input type="checkbox"/>	
retinal dysplasia				
<input type="checkbox"/>	choroidal hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	micropapilla		<input type="checkbox"/>	
OTHER CONDITIONS				
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments			<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited			<input type="checkbox"/>

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.

Nancy R. Brandon
 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.

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, Jr* ACVO # _____ Date: **11/8/15**
 Diplomat, American College of Veterinary Ophthalmologists

Comments