



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)

Ophthalmologist Name: Dr. Amity Huskey
 EC 342
 Ophthalmologist Address: Veterinary Ophthalmology Services
 City: 615-699-9999 Zip/postal code: _____
 Phone: _____ ACVO #: _____
 Email: _____

Registered name: Twin Rivers New Horizon
 Breed: Labrador Retriever Sex: F

ID Number (if any): Tattoo Microchip
95600004227210
 Registration Number: AKC Other
SR85455802
 Date of Birth: 110514 Date of Exam: 031117

Owner Name: Donna i Scott Swoape
 Co-Owner Name: _____
 Owner Address: 2629 Sparkmantown Rd
Rock Island State: IA Zip/postal code: 58581
 E-Mail (use both lines if needed): _____

Swoape
eseblomand
net

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
Donna Swoape

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

INI Re Lit Ke gr Su NC
 OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Nashville, TN
 Date: 3/9/17
 Valid on: OFA Cardiac, Thyroid & Eye Exams

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.



WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomat copy

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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"/>
NICITANS		
<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		
<input type="checkbox"/>	free floating	<input type="checkbox"/>
<input type="checkbox"/>	single	<input type="checkbox"/>
<input type="checkbox"/>	multiple	<input type="checkbox"/>

RIGHT EYE	LENS	LEFT EYE
<input type="checkbox"/>	endothelial opacity/no strands	<input type="checkbox"/>
<input type="checkbox"/>	iris pigment foci/no strands	<input type="checkbox"/>
<input type="checkbox"/>	iris sheets	<input type="checkbox"/>
<input type="checkbox"/>	iris to cornea	<input type="checkbox"/>
<input type="checkbox"/>	iris to lens	<input type="checkbox"/>
<input type="checkbox"/>	iris to iris	<input type="checkbox"/>
CATARACT		
<input type="checkbox"/>	Incomp.	<input type="checkbox"/>
<input type="checkbox"/>	Incip.	<input type="checkbox"/>
<input type="checkbox"/>	Punc.	<input type="checkbox"/>
<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/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>
<input type="checkbox"/>	syneresis	<input type="checkbox"/>
<input type="checkbox"/>	ant. chamber	<input type="checkbox"/>
<input type="checkbox"/>	syneresis	<input type="checkbox"/>
<input type="checkbox"/>	ant. chamber	<input type="checkbox"/>

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	detached	<input type="checkbox"/>
<input type="checkbox"/>	geographic	<input type="checkbox"/>
<input type="checkbox"/>	folds	<input type="checkbox"/>
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	retinal folds	<input type="checkbox"/>
<input type="checkbox"/>	geographic	<input type="checkbox"/>
<input type="checkbox"/>	detached	<input type="checkbox"/>

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

NORMAL

DID verify microchip/tattoo on this dog

DID NOT verify microchip/tattoo on this dog

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

Signature: Amity Huskey ACVO # 342 Date: 3-11-17

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

