



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)

Registeral name: Lone Pines Alexis Sex: F
Breed: Mini American Sheep

ID Number (if any): Tattoo Microchip
456000009005294

Registration Number: 4116 AIC Other
Date of Birth: 09/25/12 Date of Exam: 10/06/14

Owner Name: Hell Reichert Phone: 81871408553
Co-Owner Name: _____

Owner Address: 995 Robinson Rd
City: Woodland State: MO Zip/postal code: 65488044

E-Mail (use both lines if needed):
jon@pineaussies.com

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.
Helli Reichert
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.

4/14/14

193045

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

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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

pigmentary keratitis/keratopathy

UVEA

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary uveitis

uveal melanoma

persistent pupillary membranes

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to iris

free floating

single

multiple

Ophthalmologist Name: Dr. Paul Scherlie

Ophthalmologist Address: _____

City: _____ State: _____ Zip/postal code: _____

Phone: _____ ACVO #: _____

Email: _____

CORNEA

dystrophy—epithelial/stromal

dystrophy—endothelial

pannus

pigmentary keratitis/keratopathy

UVEA

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary uveitis

uveal melanoma

persistent pupillary membranes

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to iris

free floating

single

multiple

RIGHT EYE **FUNDUS** **LEFT EYE**

detached

geographic

folds

retinal detachment

retinal atrophy—generalized

retinopathy

retinal dysplasia

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

folds

geographic

detached

CATARACT

Incomp. Incip. Punc. Punc. Incip. Incomp.

anterior cortex

posterior cortex

equatorial cortex

anterior sutures

posterior sutures

nucleus

capsular

generalized/complete

resorbing/hypermature

significance of cataract unknown

subluxation/luxation

VITREOUS

PHPV/PTVL

persistent hyaloid artery

degeneration

syneresis

ant. chamber

NORMAL

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

CATARACT

Incomp. Incip. Punc. Punc. Incip. Incomp.

anterior cortex

posterior cortex

equatorial cortex

anterior sutures

posterior sutures

nucleus

capsular

generalized/complete

resorbing/hypermature

significance of cataract unknown

subluxation/luxation

VITREOUS

PHPV/PTVL

persistent hyaloid artery

degeneration

syneresis

ant. chamber

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

Signature: R Date: 153 10-5-14

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____