



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)

- 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
 - LENS**
 - endothelial opacity/no strands
 - lens pigment foci/no strands
 - iris sheets
 - iris to cornea
 - iris to lens
 - iris to iris
 - free floating
 - single
 - multiple
 - multiple
 - single
 - free floating
 - iris to iris
 - iris to lens
 - iris to cornea
 - iris sheets
 - lens pigment foci/no strands
 - endothelial opacity/no strands

Dr. Paul Scherlie EC153
 VCA Northwest Veterinary Specialists
 16756 SE 82nd Dr
 Clackamas, OR 97015

email:
 ip/postal code:

Registered name: Darby
 Breed: Mini American Shepherd Sex: F
 ID Number (if any): Tattoo Microchip
956000010161367
 Registration Number: 280 AIC Other
DV51893106
 Date of Birth (mm/dd/yy): 120817 Date of Exam (mm/dd/yy): 043018

Owner Name: Kelli Berberet Phone: 818-766-8553
 Co-Owner Name: _____
 Owner Address: 495 Robinson Rd
 City: Woodland State: W9 Zip/postal code: 98674
 E-Mail (use both lines if needed): 10nepinearvssi@yahoo.com

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: Kelli Berberet

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) _____

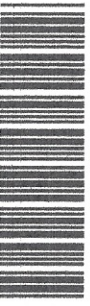
I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

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

Signature: [Signature] ACVO # 153 Date 4-2-18

Diplomate, American College of Veterinary Ophthalmologists

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



490726

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

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

OTHER CONDITIONS

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

NORMAL

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