



**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)**

Registered name: Love Pines Lovely Little Lola  
Breed: Mini American Shep Sex: F  
ID Number (if any): 456000009006070  
Registration Number: 0M34806701  AKC  Other  
Date of Birth: 092512 Date of Exam: 100614

Owner Name: Kelli Berber  
Co-Owner Name: Colleen Bennett Phone: 887068553  
Owner Address: 995 Robinson Rd  
City: Woodland State: WV Zip/postal code: 26074  
E-Mail (use both lines if needed): lonepineaussies@yahoo.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.  
Kelli Berber  
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

193040

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

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**RIGHT EYE GLOBE LEFT EYE**

Ophthalmologist Name: Dr. Paul Scherrie  
Ophthalmologist Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ ACVO #: \_\_\_\_\_  
Email: \_\_\_\_\_

<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to Iris <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes <input type="checkbox"/> uvea	<input type="checkbox"/> iris to Iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating
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**RIGHT EYE FUNDS LEFT EYE**

detached  
 geographic  
 folds  
 retinal detachment  
 retinal atrophy—generalized  
 retinopathy  
 retinal dysplasia  
 folds  
 geographic  
 detached

**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: R Date: 153 ACVO #: 10-514  
Diplomat, American College of Veterinary Ophthalmologists  
Comments: \_\_\_\_\_

**CATARACT**

ant. chamber  
 syneresis

**VITREOUS**

PHPV/PTTVL  
 persistent hyaloid artery  
 degeneration

**significance of cataract unknown**

subluxation/luxation  
 syneresis  
 ant. chamber