



**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: Art Sherman Sex: F

Breed: Bl

ID Number (if any):  Tattoo  Microchip 95600009981754

Registration Number:  AKC  Other

Date of Birth (mm/dd/yy): 110317 Date of Exam (mm/dd/yy): 122717

Owner Name: Kelli Reichert Phone: 313708553

Co-Owner Name: \_\_\_\_\_

Owner Address: 495 Robinson Rd State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

City: Woodland Email (use both lines if needed): \_\_\_\_\_

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.

Kelli Reichert  
 Signature of owner or authorized agent/representative

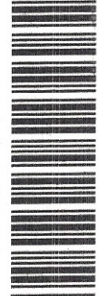
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) \_\_\_\_\_

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: Art Sherman Date: 12-27-17  
 ACVO #: 148

Diplomate, American College of Veterinary Ophthalmologists  
**FEE AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY**



458015

**Companion Animal Eye Registry (CAER)**

Ophthalmologist Name: Samuel  
 Ophthalmologist Address: \_\_\_\_\_  
 City: VCA MVS State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Phone: 503683499 ACVO #: 148  
 Email: \_\_\_\_\_

**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

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

**CORNEA**  
 N  T   
 A  P

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

**LENS**

**CATARACT**  
 N  T   
 A  P

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

**OTHER CONDITIONS**

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

**VITREOUS**

subluxation/luxation  
 syneresis  
 ant. chamber  
 persistent hyaloid artery  
 degeneration

**NORMAL**

Comments