



**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: \_\_\_\_\_  
 Breed: **MINI AMERICAN SHEPHERD** Sex: **F**  
 Tattoo  Microchip  
 ID Number (if any): **95600008770911**  
 AIC  Other  
 Registration Number: **DN4286001903**  
 Date of Birth: **052215** Date of Exam: **071815**

Owner Name: **KELLI REICHERT**  
 Co-Owner Name: **SARA SEEFELDT** Phone: **218.766.8553**  
 Owner Address: **445 ROBINSON RD**  
 City: **WOODLAND** State: **WA** Zip/postal code: **98674**  
 E-Mail (use both lines if needed): **LONER@NEAUSSES.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 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.

**Companion Animal Eye Registry (CAER)**

Dr. Michelle Taylor EC175  
 VCA Northwest Veterinary Specialists  
 16756 SE 82nd Dr  
 Clackamas, OR 97015

**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** **T** **N** **CORNEA** **T** **N**

**CORNEA** **A** **P** **CORNEA** **A** **P**

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

**LENS**

**CATARACT** **T** **N** **CATARACT** **T** **N**

**CATARACT** **A** **P** **CATARACT** **A** **P**

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

**ANTERIOR CHAMBER**

subluxation/luxation  
**VITREOUS**  
 PHPV/PHTVL  
 persistent hyaloid artery  
 degeneration

**POSTERIOR CHAMBER**

ant. chamber  synchysis  
 ant. chamber  synchysis

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

retinal detachment  
 retinal atrophy—generalized  
 retinopathy  
 retinal dysplasia  
 choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

**OTHER CONDITIONS**

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

**NORMAL**

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 *M Taylor* ACVO # **#175** Date **7/10/15**

Diplomate, American College of Veterinary Ophthalmologists

Comments \_\_\_\_\_