



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

POS PAID

Registered name: **Chrystalton Tees Brio Bohannon**
 Breed: **Standard Poodle** Sex: **M**
 ID Number (if any): Tattoo Microchip
456 00005399162
 Registration Number: AKC Other
DE651034
 Date of Birth (mm/dd/yy): **03/31/16** Date of Exam (mm/dd/yy): **03/17/18**
 Owner Name: **Nancy Pakenham** Phone: **705-308-6756**
 Co-Owner Name: _____
 Owner Address: **56 Hawke Drive**
 City: **Oremee** State: **ONT.** Zip/postal code: **K0L2W0**
 E-Mail (use both lines if needed):
philnancy.pakenham
@sympata.co.ca

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.

Nancy Pakenham

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 **SAW**

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 # **223** Date **03/17/18**

Diplomate, American College of Veterinary Ophthalmologists

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



497293

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

- | CATARACT | | | CATARACT | | |
|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| Incomp. | Incip. | Punc. | Punc. | Incip. | Incomp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | anterior cortex | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | posterior cortex | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | equatorial cortex | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | anterior sutures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | posterior sutures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | nucleus | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | capsular | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | generalized/complete | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | resorbing/hypermature | <input type="checkbox"/> | <input type="checkbox"/> |

suspect not inherited

- subluxation/luxation

VITREOUS

- PHPV/PHTVL
- persistent hyaloid artery
- degeneration

Ophthalmologist Name: **Dr. Nick Whelan EC223**
 Ophthalmologist Address: **Animal Eye Clinic of Waterloo**
 City: **Cambridge, ON** State: **State** Zip/postal code: _____
519-654-2040
 Phone: _____ ACVO #: _____
 Email: _____

RIGHT EYE **FUNDUS** LEFT EYE

- | | | | |
|-------------------------------------|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> detached | <input type="checkbox"/> retinal detachment <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> geographic | <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> folds | <input type="checkbox"/> retinopathy <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> coloboma <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |
| <input type="checkbox"/> detached | <input type="checkbox"/> micropapilla <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> geographic |

OTHER CONDITIONS

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

NORMAL

Comments

Comments section with multiple blank lines for text entry.

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

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08/19/16