



**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: TEAM PATRICK'S DUCKLET JAK  
 Breed: LABRADOR Sex: F

ID Number (if any):  Tattoo  Microchip  
 Registration Number:  AKC  Other  
SR69574407  
 Date of Birth: 082311 Date of Exam: 060916

Owner Name: CHris HOFFMAN  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: H15 25TH AVE SE  
 City: ALBANY OK State: \_\_\_\_\_ Zip/postal code: 77322  
 E-Mail (use both lines if needed): \_\_\_\_\_

DUCKLET 1977 ETR 1 EUG  
MS04A400.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  
 \_\_\_\_\_  
 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)

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: Dr. Sarah A. Maxwell, EC148  
 City: Veterinary Ophthalmic Consulting PC Zip/postal code: \_\_\_\_\_  
 Phone: 541-745-6344 # \_\_\_\_\_  
 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	CORNEA
T	N
A	A
endothelial opacity/foci/no strands <input type="checkbox"/>	endothelial opacity/foci/no strands <input type="checkbox"/>
iris sheets <input type="checkbox"/>	iris sheets <input type="checkbox"/>
iris to cornea <input type="checkbox"/>	iris to cornea <input type="checkbox"/>
iris to lens <input type="checkbox"/>	iris to lens <input type="checkbox"/>
iris to iris <input type="checkbox"/>	iris to iris <input type="checkbox"/>
free floating <input type="checkbox"/>	free floating <input type="checkbox"/>
single <input type="checkbox"/>	single <input type="checkbox"/>
multiple <input type="checkbox"/>	multiple <input type="checkbox"/>

LENS	CATARACT
Incip. <input type="checkbox"/>	Incip. <input type="checkbox"/>
Punc. <input type="checkbox"/>	Punc. <input type="checkbox"/>
anterior cortex <input type="checkbox"/>	anterior cortex <input type="checkbox"/>
posterior cortex <input type="checkbox"/>	posterior cortex <input type="checkbox"/>
equatorial cortex <input type="checkbox"/>	equatorial cortex <input type="checkbox"/>
anterior sutures <input type="checkbox"/>	anterior sutures <input type="checkbox"/>
posterior sutures <input type="checkbox"/>	posterior sutures <input type="checkbox"/>
nucleus <input type="checkbox"/>	nucleus <input type="checkbox"/>
capsular <input type="checkbox"/>	capsular <input type="checkbox"/>
generalized/complete <input type="checkbox"/>	generalized/complete <input type="checkbox"/>
resorbing/hypermature <input type="checkbox"/>	resorbing/hypermature <input type="checkbox"/>
<b>suspect not inherited</b> <input type="checkbox"/>	<b>suspect not inherited</b> <input type="checkbox"/>
subluxation/luxation <input type="checkbox"/>	subluxation/luxation <input type="checkbox"/>
<b>VITREOUS</b>	<b>VITREOUS</b>
ant. chamber <input type="checkbox"/>	ant. chamber <input type="checkbox"/>
synchysis <input type="checkbox"/>	synchysis <input type="checkbox"/>
PHPV/PHTVL <input type="checkbox"/>	PHPV/PHTVL <input type="checkbox"/>
persistent hyaloid artery <input type="checkbox"/>	persistent hyaloid artery <input type="checkbox"/>
degeneration <input type="checkbox"/>	degeneration <input type="checkbox"/>

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

**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: SD Maxwell ACVO # 148 Date 6-9-16  
 Diplomat, American College of Veterinary Ophthalmologists

Comments \_\_\_\_\_