



OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Poyating Dog Fans Club
 Date: July 6-7, 2019
 Valid on: OFA Cardiac Exams

Animals
 11-3806
 5073
 iton

Companion Animal Eye Registry (CAER)

Registered name: **HEIRLOOM'S DRUGS FOR CAMBRIA**
 Breed: **LABRADOR RET M**

ID Number (if any): Tattoo Microchip
956000047099551
 Registration Number: Adult Other
5R88891303
 Date of Birth (mm/dd/yy): **070615** Date of Exam (mm/dd/yy): **070719**

Owner Name: **STAVELY GRUP** Phone: **360.384.1280**
 Co-Owner Name: _____
 Owner Address: **5150 NORTHWEST DR**
BEAVERHAM WA 98226
 E-Mail (use both lines if needed): **stavelegny@yahoo.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. (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: *[Signature]*

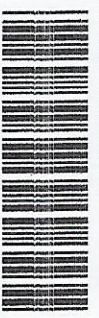
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog
- NO MICROCHIP / TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *[Signature]* ACVO # **320** Date **7/2/19**

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



577967

- RIGHT EYE **GLOBE** LEFT EYE
- microphthalmos
 - keratoconjunctivitis sicca
 - glaucoma
 - EYELEIDS**
 - entropion
 - ectropion
 - distichiasis
 - ectopic cilia
 - imperforate lacrimal punctum
 - NICITANS**
 - 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
 - endothelial opacity/no strands
 - lens pigment foci/no strands
 - iris sheets
 - iris to cornea
 - iris to lens
 - iris to iris
 - free floating
 - single
 - multiple

Ophthalmologist: **Matthew Landry DVM, DACVO EC320**
 P.O. Box 4510
 Everett, WA 98204
 Phone: **eyevet11@gmail.com**
 Email: _____
 code: _____

	CORNEA	<input type="checkbox"/> T	<input type="checkbox"/> N
	CORNEA	<input type="checkbox"/> A	<input type="checkbox"/> T

- RIGHT EYE **FUNDUS** LEFT EYE
- detached
 - geographic
 - folds
 - retinal detachment
 - retinal atrophy — generalized
 - retinopathy
 - retinal dysplasia
 - choroidal hypoplasia
 - coloboma
 - optic nerve coloboma
 - optic nerve hypoplasia
 - micropapilla
 - folds
 - geographic
 - detached
- OTHER CONDITIONS**
- Unlisted conditions suspected as inherited. Describe in comments _____
 - Unlisted conditions suspected as not inherited _____

	CATARACT	<input type="checkbox"/> T	<input type="checkbox"/> N
	CATARACT	<input type="checkbox"/> A	<input type="checkbox"/> T

- ant. chamber
- syneresis
- subluxation/luxation
- VITREOUS**
- PHPV/PTVL
- persistent hyaloid artery
- degeneration
- syneresis
- ant. chamber

Comments: **NORMAL**

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

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