



**Orthopedic Foundation for Animals**  
 2300 E Nieng Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573) 875-5073  
 www.ofa.org. A not-for-profit organization

**Companion Animal Eye Registry (CAER)**

Registered name:

*Norfolkshire Labrador's Storm Surge*  
 Breed: *Labrador* Sex: *M*

ID Number (if any):  Tattoo  Microchip  
 981020027735276  
 Registration Number:  AKC  Other  
 5507411207  
 Date of Birth (mm/dd/yy): 07 20 18 Date of Exam (mm/dd/yy): 07 16 19

Owner Name: *Benita* Phone: *3603191375*  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: *Wedshire DR*  
 City: *Bellingham* State: *WA* Zip/postal code: *98226*  
 E-Mail (use both fields if needed): *Ebenalb@comcast.net*

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: *Benita*

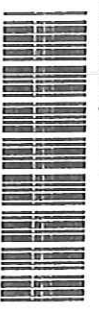
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) \_\_\_\_\_

- 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: *Benita McCalla* ACVO # *746119*

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



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

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

 CORNEA T N A P	<input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	 CORNEA N T A P
	<input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> persistent pupillary membranes	

 LENS T N A P	<input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature	 LENS N T A P
	<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> persistent pupillary membranes	

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

Ophthalmologist Name: *Dr. Terri McCalla EC118*  
 Ophthalmologist Address: *Animal Eye Care*  
*405 32nd St Ste 103*  
 City: *Bellingham, WA 98225*  
 Phone: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Email: \_\_\_\_\_

- RIGHT EYE FUNDUS LEFT EYE**
- detached
  - geographic
  - folds
  - retinal detachment
  - retinal atrophy — generalized
  - retinopathy
  - retinal dysplasia
  - folds
  - geographic
  - detached

- 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**

Comments: *(E) post lens capsul - v small remnant by laser varicella system. Not signed cast A.P*