



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Email: ofa@ofa.org

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

# Companion Animal Eye Registry (CAER)

Call name: Penny	
Registered name: Maple Grove Penny	
Breed: Cavalier	Sex: F
ID Number (if any): 956000013819164	Microchip: <input checked="" type="checkbox"/> Tattoo: <input type="checkbox"/> Other: <input type="checkbox"/>
Registration Number: TS52637202	ACV: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>
Date of Birth (mm/dd/yy): 08/27/21	Date of Exam (mm/dd/yy): 03/07/24
Owner Name: Allen Miller	
Co-Owner Name:	Phone: 330-231-9802
Owner Address: 1916 TR 122	
City: Millersburg	State: OH Zip/postal code: 44654
E-Mail (use both lines if needed):	

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)

<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

Signature: [Signature] ACVO # [Blank] Date: 3/11/24

Diplomate, American College of Veterinary Ophthalmologists

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



911431

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
<b>EYELIDS</b>		
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
<b>NICTITANS</b>		
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
<b>CORNEA</b>		
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
<b>UVEA</b>		
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
<b>LENS</b>		
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
<b>Significance Unknown/Suspect Not Inherited</b>		
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: Adam King, DVM, MS, DACVO		
Ophthalmologist Address: EC 555		
City: askingeyeclinik@gmail.com	State:	Zip/postal code:
Phone: www.askingdvm.com	ACVO #:	
Email:		

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<b>retinal dysplasia</b>		
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	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"/>	micropapilla	<input type="checkbox"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	
<b>NORMAL</b>		

Comments


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

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11/18/21





# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

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## Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA)  
and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



American College of Veterinary Internal Medicine

Registered name: <u>Maple Grove Penny</u>	
Call name: <u>Penny</u>	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate
Breed: <u>Cavalier</u>	Gender: <u>F</u>
Sire Registration #: <u>TS42189201</u>	Dam Registration #: <u>TS43531505</u>
Registration Number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other	
<u>TS52637202</u>	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	
<u>956000013819164</u>	
Date of Birth: (MMDDYY) <u>082721</u>	Date of Exam: (MMDDYY) <u>092524</u>
Owner Name: <u>Allen Miller</u>	
Co-Owner Name:	Phone: <u>330-231-9802</u>
Owner Address: <u>1916 TR 122</u>	
City: <u>Millersburg</u>	State: <u>OH</u> Zip/postal code: <u>44654</u>
E-Mail (use both lines if needed):	

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 cardiologist 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 equivocal or abnormal results to the public. (initials) \_\_\_\_\_

Cardio/	<u>Megan McLane, DVM DACVIM</u>
Phone	<u>(Cardiology)</u>
E-Mail	<u>CM07</u>
	<u>cardiology@carecentervets.com</u>

Fees and credit card information on back of WHITE sheet.  
03/01/2023



161048

EXAMINATION FINDINGS	
AUSCULTATION (REQUIRED)	
Normal <input checked="" type="checkbox"/>	Abnormal <input checked="" type="checkbox"/> Arrhythmia <input type="checkbox"/>
Murmur Grade: <u>I</u> <input type="checkbox"/> <u>II</u> <input checked="" type="checkbox"/> <u>III</u> <input type="checkbox"/> <u>IV</u> <input type="checkbox"/> <u>V</u> <input type="checkbox"/> <u>VI</u> <input type="checkbox"/>	
PMI: Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>	
Timing: Systolic <input checked="" type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/>	
Extra Sounds: Click <input type="checkbox"/> Gallop <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/>	
ECHOCARDIOGRAM (REQUIRED)	
RV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ mm	
RA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ mm	
LV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LVIDd: _____ mm LVIDdn: _____ mm (MM <input type="checkbox"/> 2D <input type="checkbox"/> )	
LVIDs: _____ mm LVIDsn: _____ mm (MM <input type="checkbox"/> 2D <input type="checkbox"/> )	
LV EDVI (2D): _____ mL/m <sup>2</sup> LV ESVI (2D): _____ mL/m <sup>2</sup>	
SF: _____ % (MM <input type="checkbox"/> 2D <input type="checkbox"/> ) EF (2D volumetric): _____ %	
IVS: IVSd _____ mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/> )	
PW: PWd _____ mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/> )	
LA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LAd: _____ mm: SAX <input type="checkbox"/> LAX <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/> ) EPSS: _____ mm	
Ao Diameter: _____ mm LA/Ao: _____ Method: _____	
TV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
TR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
MV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
MR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
LVOT: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other _____	
LVOT Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> _____ m/s	
AoV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
AoV Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input type="checkbox"/> Subcostal <input type="checkbox"/> ) _____ m/s	
AR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ m/s	
RVOT: Normal <input type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) _____ m/s	
RVOT Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> _____ m/s	
PV: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
PV Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/> ) _____ m/s	
Comments _____	
Genetic Test Status Test: _____	
Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>	

ELECTROCARDIOGRAM <input type="checkbox"/> NOT PERFORMED	
Date: _____	<input type="checkbox"/> normal <input type="checkbox"/> abnormal
HR: _____	Method: _____
Rhythm: _____	
EXAMINATION RESULTS	
NORMAL (CHECK ALL THAT APPLY)	
<input checked="" type="checkbox"/>	No evidence for congenital heart disease
<input type="checkbox"/>	No evidence for adult-onset inherited heart disease <b>Valid for 1 year</b>
<input type="checkbox"/>	Holter monitor required within 90 days for final clearance (see back of white form for additional information)
EQUIVOCAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	Congenital heart disease cannot be definitively diagnosed nor excluded
<input checked="" type="checkbox"/>	Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded
ABNORMAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	Evidence of congenital heart disease
<input type="checkbox"/>	Evidence of adult-onset inherited heart disease
Diagnosis:	<input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD <input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD <input type="checkbox"/> Other <input type="checkbox"/> Arrhythmia
Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Comments (additional findings which would not result in a final abnormal diagnosis): <u>same soft &amp; murmur</u>	
<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT
Signature: _____	Date: <u>7/25/24</u>
Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)	
WHITE = Owner/OFA Registration copy PINK = Diplomate copy YELLOW = Research copy © Orthopedic Foundation for Animals	