



**Orthopedic Foundation for Animals**  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Email: ofa@offa.org  
 www.ofa.org, A not-for-profit organization

# Companion Animal Eye Registry (CAER)

Call name: \_\_\_\_\_  
 Registered name: Sandy  
 Breed: Maple Grove Sandy Cavalier Sex: Fe  
 ID Number (if any):  Tattoo  Microchip  
956000013411654  
 Registration Number:  AKC  Other  
1552896104  
 Date of Birth (mm/dd/yy): 092721 Date of Exam (mm/dd/yy): 030323  
 Owner Name: Allen Miller Phone: 330-231-9802  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 1916 TR 122  
 City: Milletsburg State: DH Zip/postal code: 44654  
 E-Mail (use both lines if needed): \_\_\_\_\_

Ophthalmologist Name: Adam King, DVM, DACVO  
 EC555  
 Ophthalmologist Address: askingdvm@gmail.com  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ACVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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>peristent pupillary membranes</b>		
<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"/>
<input type="checkbox"/> <b>Significance Unknown/Suspect Not Inherited</b> <input type="checkbox"/>		
<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"/>

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"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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 <b>inherited</b> . Describe in comments <input type="checkbox"/>	
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b> <input type="checkbox"/>	

**NORMAL**

Comments

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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) \_\_\_\_\_

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: \_\_\_\_\_ ACVO #: \_\_\_\_\_ Date: 3/7/23  
 Diplomat, American College of Veterinary Ophthalmologists

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



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