Companion Animal Eye Registry (CAER)

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

Call name: tammy	Coat Color: tRI
Registered name: Maple Grove tammy	
Breed: Clc	Sex: Fe

ID Number (if any): ☐ Tattoo ☒ Microchip
900215002633033

Registration Number: ☒ AKC ☐ Other
TS62601401

Date of Birth (mm/dd/yy): 11 25 23
Date of Exam (mm/dd/yy): 03 03 25

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) _____

- ☒ 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
[signature]	534	3/3/25

Diplomate, American College of Veterinary Ophthalmologists

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

Ophthalmologist Name:	
Ophthalmologist Address: Dr. Eric J Miller EC 534	
City:	State: / Zip/postal code:
Phone:	ACVO #:
Email:	

RIGHT EYE		LEFT EYE
	GLOBE	
☐	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	☐
☐	pigmentary uveitis	☐
	persistent pupillary membranes	
	LENS	
	anterior cortex	
	posterior cortex	
	equatorial cortex	
	anterior sutures	
	posterior sutures	
	nucleus	
	capsular	
☐	generalized/complete	☐
☐	resorbing/hypermature	☐
☐	***Significance Unknown/Suspect Not Inherited***	☐
☐	posterior Y-suture tip opacities	☐
☐	subluxation/luxation	☐
	VITREOUS	
	Grades 2-6 / Grade 1 PHPV/PHTVL Grade 1 / Grades 2-6	
☐	persistent hyaloid artery	☐
	degeneration	

CORNEA (T N A P) — endothelial opacity/no strands; lens pigment foci/no strands; iris sheets; iris to cornea; iris to lens; iris to Iris; ruptured; free floating; single; multiple

CATARACT (T N A P) — Incomp.; Incip.; Punc.

RIGHT EYE		LEFT EYE
	FUNDUS	
☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	CMR/CMR-like retinopathy	☐
☐	other presumed inherited retinopathy	☐
	retinal dysplasia	
☐	choroidal hypoplasia	☐
☐	coloboma	☐
☐	optic nerve coloboma	☐
☐	optic nerve hypoplasia	☐
☐	micropapilla	☐

retinal dysplasia: ☐ detached ☐ geographic ☐ folds

OTHER CONDITIONS

- ☐ Unlisted conditions suspected as **inherited**. Describe in comments ☐
- ☐ Unlisted conditions suspected as **not inherited** ☐

NORMAL

Comments

05/02/23