

Companion Animal Eye Registry (CAER)

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


Call name: Custard
 Registered name: Maple Grove Custard
 Breed: Cavalier
 Sex: F
 ID Number (if any): 991001002976871
 Registration Number: T843838904
 Date of Birth (mm/dd/yy): 091519 030124
 Owner Name: Allen Miller
 Co-Owner Name:
 Owner Address: 1916 TR 122
 City: Millersburg
 State: OH
 Zip/postal code: 44654
 E-Mail (use both lines if needed):
 Phone: 330-731-9802

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: 
 Date: 2/11/24
 ACVO #

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



911435

RIGHT EYE **GLOBE** **LEFT EYE**
 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
 iris sphincter dysplasia
 pigmentary uveitis
 persistent pupillary membranes

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
 multiple
 single
 free floating

CATARACT
 T N
 A P
 Incp.
 Pnc.
 Incp.
 Pnc.
 Incp.
 Pnc.

CORNEA
 T N
 A P
 detached
 geographic
 folds
 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

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments

RIGHT EYE **FUNDUS** **LEFT EYE**
 detached
 geographic
 folds
 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

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments



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

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)



Registered name: Maple Grove Custard

Call name: Custard Weight: kg lbs
 Estimate Gender: F

Breed: Cavalier

Sire Registration #: T539489902 Dam Registration #: T537758503

Registration Number: AKC Other

ID Number (if any): T543838904 Tattoo Microchip

Date of Birth: 991001002976871 Date of Exam: (MMDDYY)

091519 072524

Owner Name: Allen Miller Phone: 330-231-9802

Co-Owner Name: _____

Owner Address: 1916 IR 122

City: Millersburg State: OH Zip/postal code: 44654

E-Mail (use both lines if needed): _____

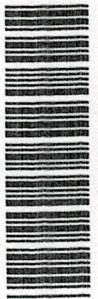
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public 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) _____

Card Megan McLane, DVM DACVIM
 (Cardiology)
 CM07
 cardiology@carecenterpets.com

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



161054

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Murmur Grade: I II III IV V VI

PMI: Left Right Base Apex

Timing: Systolic Diastolic Continuous

Extra Sounds: Click Gallop Split S1 Split S2

ECHOCARDIOGRAM (REQUIRED)

RV: Normal Enlarged: Mild Moderate Severe mm _____ mL/m² _____

RA: Normal Enlarged: Mild Moderate Severe mm _____

LV: Normal Enlarged: Mild Moderate Severe

LVIDd: _____ mm LVIDdn: _____ mm (MM 2D)

LVIDs: _____ mm LVIDsn: _____ mm (MM 2D)

LV EDVI (2D): _____ mL/m² LVSVI (2D): _____ mL/m²

SF: _____ % (MM 2D) EF (2D volumetric): _____ %

IVS: IVSd _____ mm Normal Abnormal (MM 2D)

PW: PWD _____ mm Normal Abnormal (MM 2D)

LA: Normal Enlarged: Mild Moderate Severe

LAd: _____ mm: SAX LAX (MM 2D) EPSS: _____ mm

Ao Diameter: _____ mm LA/Ao: _____ Method: _____

TV: Normal Abnormal: Mild Moderate Severe

TR: None Trivial Mild Moderate Severe Vel. _____ m/s

MV: Normal Abnormal: Mild Moderate Severe

MR: None Trivial Mild Moderate Severe Vel. _____ m/s

LVOT: Normal Abnormal Ridge Other _____

LVOT Vel: Normal Abnormal _____ m/s

AoV: Normal Abnormal: Mild Moderate Severe

AoV Vel: Normal Abnormal (Apical Subcostal) _____ m/s

AR: None Trivial Mild Moderate Severe m/s

RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s

RVOT Vel: Normal Abnormal _____ m/s

PV: Normal Abnormal Mild Moderate Severe

PV Vel: Normal Abnormal (Right Left apex) _____ m/s

Comments _____

Genetic Test Status Test:

Negative Abnormal: Heterozygous Homozygous

ELECTROCARDIOGRAM

Date: _____ Method: normal abnormal

HR: _____

Rhythm: _____

EXAMINATION RESULTS

No evidence for congenital heart disease
 No evidence for adult-onset inherited heart disease
Valid for 1 year

Holter monitor required within 90 days for final clearance (see back of white form for additional information)

EQUIVOCAL (CHECK ALL THAT APPLY)

Congenital heart disease cannot be definitively diagnosed nor excluded
 Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded

ABNORMAL (CHECK ALL THAT APPLY)

Evidence of congenital heart disease
 Evidence of adult-onset inherited heart disease

Diagnosis: ARVC ASD DCM MVD MMVD
 PDA PS SAS/AS TVD VSD
 Other _____
 Arrhythmia _____

Severity: Mild Moderate Severe

Comments (additional findings which would not result in a final abnormal diagnosis): _____

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

Signature _____ Date 7/25/24

Diplomate ACVIM - American College of Veterinary Internal Medicine - Cardiology,
 or Diplomate ECVM (European College of Veterinary Internal Medicine - Cardiology)

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

© Orthopedic Foundation for Animals



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

Registered name: Pinewood Farms Pride Walker
 Call name: Walker Weight: kg lbs
 Breed: Cavalier Estimate Gender: M
 Site Registration #: MET 461413 Dam Registration #: MET 43116
 Registration Number: AKC Other
 ID Number (if any): TS 41033501 Tattoo Microchip
 Date of Birth: 953000010355299 Date of Exam: (MMDDYY)
061218 072524

Owner Name: Allen Miller Phone: 330-231-9802
 Co-Owner Name: _____
 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 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 _____
 Phone _____
 E-Mail _____
Megan McLane, DVM DACVIM
(Cardiology)
CM07
cardiology@carecenterpets.com

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



161046

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)



EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal Abnormal Arrhythmia
 Murmur Grade: I II III IV V VI
 PMI: Left Right Base Apex
 Timing: Systolic Diastolic Continuous
 Extra Sounds: Click Gallop Split S1 Split S2

ECHOCARDIOGRAM (REQUIRED)

RV: Normal Enlarged: Mild Moderate Severe mm
 RA: Normal Enlarged: Mild Moderate Severe mm
 LV: Normal Enlarged: Mild Moderate Severe
 LVIDD: _____ mm LVIDdn: _____ mm (MM 2D
 LVIDS: _____ mm LVIDsn: _____ mm (MM 2D
 LV EDVI (2D): _____ mL/m² LVESVI (2D): _____ mL/m²
 SF: _____ % (MM 2D EF (2D volumetric): _____ %
 IVS: IVSd _____ mm Normal Abnormal (MM 2D
 PW: PWd _____ mm Normal Abnormal (MM 2D
 LA: Normal Enlarged: Mild Moderate Severe
 LAd: _____ mm: Sx Lax (MM 2D EPSS: _____ mm
 Ao Diameter: _____ mm LA/Ao: _____ Method: _____

TV: Normal Abnormal: Mild Moderate Severe
 TR: None Trivial Mild Moderate Severe Vel. _____ m/s
 MV: Normal Abnormal: Mild Moderate Severe
 MR: None Trivial Mild Moderate Severe Vel. _____ m/s
 LVOT: Normal Abnormal Ridge Other _____
 LVOT Vel: Normal Abnormal _____ m/s
 AoV: Normal Abnormal: Mild Moderate Severe
 AoV Vel: Normal Abnormal (Apical Subcostal _____ m/s
 AR: None Trivial Mild Moderate Severe _____ m/s
 RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s
 RVOT Vel: Normal Abnormal _____ m/s
 PV: Normal Abnormal Mild Moderate Severe
 PV Vel: Normal Abnormal (Right Left apex _____ m/s

Comments _____

Genetic Test Status Test: _____
 Negative Abnormal: Heterozygous Homozygous

ELECTROCARDIOGRAM NOT PERFORMED
 Date: _____ Method: normal abnormal
 HR: _____
 Rhythm: _____

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

No evidence for congenital heart disease
 No evidence for adult-onset inherited heart disease
Valid for 1 year
 Holter monitor required within 90 days for final clearance (see back of white form for additional information)

EQUIVOCAL (CHECK ALL THAT APPLY)

Congenital heart disease cannot be definitively diagnosed nor excluded
 Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded
ABNORMAL (CHECK ALL THAT APPLY)
 Evidence of congenital heart disease
 Evidence of adult-onset inherited heart disease

Diagnosis: ARVC ASD DCM MVD MMVD
 PDA PS SAS/AS TVD VSD
 Other _____
 Arrhythmia _____

Severity: Mild Moderate Severe
 Comments (additional findings which would not result in a final abnormal diagnosis): _____

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

Signature _____ Date 7/25/24

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