

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

061721	Date of Birth (mm/dd/yy):	755	Registration Number:	1001	ID Number (if any):	Breed:	-	Registered name:		Call name:
721	ım/dd/yy):	7551564803		-		Cavalier	Maple Grove Jill		4:2	
	-	N N	AKC	N N	□ Tattoo	1.62	rove			
	Date of Exam (mm/dd/yy):	C)	□ Other	1881984930	Microchip		ナニ			
	d/yy):			930		Sex: FC				

CORNEA

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☐ free floating

□ single
□ multiple

☐ endothelial opacity/no strands

☐ lens pigment foci/no strands

☐ iris sheets

authorization box below which permits the OFA to release non-passing results to the public released to the public unless the initials of a registered owner or authorized agent appear in the to the database for statistical gathering purposes. I understand that only passing results will be understand that the results of this exam will be submitted by the examining ophthalmologist I hereby certify that the animal examined is the animal described on this application, and

Signature of owner or authorized agent/representative

CATA

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

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

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Veterinar		1
y Ophthalmologists	n	ACVO#
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COPY	INFORMATION ON THE BACK



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: III COIIIIIICIIC	in Comments	suspected as	DITIONS				oloboma 🛚	ma	poplasia 🛚	splasia	inopaniy	inonathy		athy	D like	ized		chment \square	US LEFT EYE				1 1 1 1	zip/postal code		askingdvm@gmail.com	EC555	Adam King, DVM, DACVO
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degeneration	persistent hyaloid artery	PHPV/PHTVL	VITREOUS	subluxation/luxation	posterior Y-suture tip opacities	Significance Unknown/Suspect Not Inherited	resorbing/hypermature	generalized/complete	□ □ capsular □	□ □ nucleus □	□ □ posterior sutures □	□ □ anterior sutures □	□ □ equatorial cortex □	□ □ posterior cortex □	□ □ anterior cortex □	Incip. Punc.	LENS	persistent pupillary membranes	uveal melanoma	pigmentary uveitis	iris sphincter dysplasia	iris nypopiasia
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Comments

Unlisted conditions suspected as not inherited

NORMAL

© American College of Veterinary Ophthalmologists 11/18/21

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



Registered nai

Maple Grove Jill

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

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American College of Veterinary Internal Medici	IC WIN	^ (∜I ^ ^
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TPE
Method:
Rhythm:
EXAMINATION RESULTS
NORMAL (CHECK ALL THAT APPLY)
No evidence for congenital heart disease
No evidence for adult-onset inherited heart disease
] a
Gee back of white form for additional information
EQUIVOCAL (CHECK ALL THAT APPLY)
Congenital
nor excluded
Adult-onset inherited heart disease cannot be definitively
diagnosed
-
It-onset innerited neart disease
Diagnosis: PDA PS SAS/AS TVD VSD
☐ Other
Severity: ☐ Mild ☐ Moderate ☐ Severe
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abiloilla dagilosis);
☐ I DID verify microchip/tattoo on this dog
☑ I DID NOT verify microchip/tattoo on this dog
□ NO MICROCHIP/TATTOO PRESENT
3/19/2
Signatufe Date
Diplomate ACVIM (American College of Veterinary Internal Medicine – Cardiolo or Diplomate FCVIM/Ferropean College of Veterinary Internal Medicine – Cardiolo
WHITE = Owner/OFA Registration copy
<pre>PINK = Diplomate copy YELLOW = Research copy</pre>

equired within 90 days for final clearance

to the database for statistical gathering purposes. I understand that only passing results appear in the authorization box below which permits the OFA to release non-passing

l hereby certify that the animal examined is the animal described on this application, and

Millers burg

State:

Zip/postal code:

Owner Address: Co-Owner Name: Owner Name:

330-231-01802

1916

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6172

Allen Miller

0001

1881

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23

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Date of Exam: (MMDDYY)

Date of Birth: (MMDDYY)

+ 55156

Registration Number:

MAKC Other

ID Number (if any):

☐ Tattoo 28 Microchip

O. & H

v

Cavality
Sire Registration #:

Dam Registration #:

110

Weight: | kg | lbs

will be released to the public unless the initials of a registered owner or authorized agent understand that the results of this exam will be submitted by the examining cardiologist

I hereby authorize the OFA to release equivocal or abnormal

Signature of owner or authorized agent/representative

results to the public. (initials)

results to the public.

Fees and credit card information on back of WHITE sheet.

PV Vel:

C134635

ollege of Veterinary Internal Medicine – Cardiology) lege of Veterinary Internal Medicine – Cardiology),

© Orthopedic Foundation for Animals

E-Mail (use both lines if needed):

Cardiologist Name:

Phone #:

12/01/20