



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:	Shadow		Coat Color:	TRI	
Registered name:	Maple Grove Shadow				
Breed:	Ckc		Sex:	Fe	
ID Number (if any):	☐ Tattoo ☒ Microchip				
Registration Number:	☒ AKC ☐ Other				
Date of Birth (mm/dd/yy):	03/18/24		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	
E-Mail (use both lines if needed):	44654		Zip/postal code:		

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: *[Signature]* ACVO #: 534 Date: 3/3/25
Diplomate, American College of Veterinary Ophthalmologists

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

Companion Animal Eye Registry (CAER)

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	☐
☐	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	☐
☐	PHPV/PHTVL	☐
☐	persistent hyaloid artery	☐
☐	degeneration	☐

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

RIGHT EYE	FUNDUS	LEFT EYE
☐	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
