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: Luna | Coat Color: Blen
Registered name: Maple valleys Luna
Breed: Ckc | Sex: Fe
ID Number (if any): ☐ Tattoo ☒ Microchip: 900 215 002 847 483
Registration Number: ☒ AKC ☐ Other: ts 544 271 03
Date of Birth (mm/dd/yy): 02 13 22 | 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 # 534 | Date 3/3/25
Diplomate, American College of Veterinary Ophthalmologists

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

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

GLOBE (RIGHT EYE / 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
CORNEA (T N A P) ☐ dystrophy — epithelial/stromal ☐ CORNEA (N T A P)
- ☐ dystrophy — endothelial ☐
- ☐ pannus ☐
- ☐ pigmentary keratitis/keratopathy ☐

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

UVEA
- uveal cyst
- ☐ iris coloboma ☐
- ☐ iris hypoplasia ☐
- ☐ pigmentary uveitis ☐
- persistent pupillary membranes

LENS
CATARACT (T N A P) — Incomp. · Incip. · Punc. — Punc. · Incip. · Incomp. — CATARACT (N T A P)
- ☐ ☐ ☐ 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
ant. chamber · syneresis
- ☐ Grades 2-6 ☐ Grade 1 PHPV/PHTVL Grade 1 ☐ Grades 2-6 ☐
- ☐ persistent hyaloid artery ☐
- degeneration

syneresis · ant. chamber

FUNDUS (RIGHT EYE / LEFT EYE)
detached · geographic · folds
- ☐ retinal detachment ☐
- ☐ retinal atrophy—generalized ☐
- ☐ CMR/CMR-like retinopathy ☐
- ☐ other presumed inherited retinopathy ☐
- retinal dysplasia

folds · geographic · detached

- ☐ 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

05/02/23

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

Application for Advanced Cardiac Database

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

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

ACVIM American College of Veterinary Internal Medicine

Registered name: Maple valleys Luna
Call name: Luna | Weight: ☐ kg ☐ lbs ☐ Estimate
Breed: Cavalier | Gender: Fe
Sire Registration #: ts40148502 | Dam Registration #: ts40390001
Registration Number: ☒ AKC ☐ Other: ts 54427 103
ID Number (if any): ☐ Tattoo ☒ Microchip: 900215002847483
Date of Birth: (MMDDYY): 021322 | Date of Exam: (MMDDYY): 082125

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 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) _____

Megan McLane, DVM DACVIM
Cardiology - CM07
513-530-0911
cardiology@carecentervets.com

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

182774

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 LV ESVI (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 ☐ NOT PERFORMED

Date: ☐ normal ☐ abnormal
HR: _____ Method:
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):

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

Signature _____ Date 8/21/25

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

Office Use Only
APPL _____
RAD _____
CK _____

Orthopedic Foundation for Animals

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www.offa.org
A Not-For-Profit Organization

Office Use Only

Application for Patellar Luxation Database

Registered name:		Registration number: ☒ AKC ☐ CKC		Other registry name:	
Maple Valley's Luna		ts 54427103		Other registry #:	
Breed:	Sex:	Date of Birth (month-day-year):			
Covalier	Fe	Feb. 13-2022			
ID Number (if any): ☐ Tattoo ☒ Microchip		Registration number of sire:		Registration number of dam:	
900215002847483		ts 40148502		ts 40390001	
Owner name:		Date of evaluation (month-day-year):			
Allen Miller		Feb. 12-26			
Co-Owner name:		Examining veterinarian's name or veterinary hospital:			
		East Holmes Vet Clinic			
Mailing address:		Mailing Address:			
1916 TR 122		CR 120 PO Box 286			
City:	State: Zip/postal code:	City:		State:	Zip/postal code:
Millersburg	Ohio 44654	Berlin		Ohio	44610
Phone:	E-mail:	Phone:		E-mail:	
330/231/9802	maplegrovecavaliers@mgco	330/893/2057			

I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal _____ *(initials of registered owner).*

Patellar Examination Results

1. Normal

☒ right ☒ left

2. Patellar Luxation

☐ bilateral

☐ unilateral:	☐ right	☐ left
☐ luxated:	☐ medial	☐ lateral
luxation is:	☐ intermittent	☐ permanent
age of onset:	☐ < 2 months	☐ 2-6 months
	☐ 6-12 months	☐ > 12 months

3. Classification of luxation

- ☐ *Grade 1*—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- ☐ *Grade 2*—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- ☐ *Grade 3*—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- ☐ *Grade 4*—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

☒ I certify that the examination was performed according to the OFA procedure.
☒ **I DID** verify tattoo/microchip on this dog ☐ **I DID NOT** verify tattoo/microchip on this dog

Jerry DVM — 2-25-26

Veterinarian Signature Specialty: ☒ Practitioner, ☐ Specialist Date

Fees
Animals over 12 months ..... $15.00 each
A litter of 3 or more submitted together ..... $30.00 total

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rate:
Individuals submitted as a group, owned/co-owned by the same person
Minimum of 5 individuals ..... $7.50 each

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

4/19/12

Affected dogs and resubmits are no charge