Companion Animal Eye Registry (CAER)

Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Email: ofa@offa.org
www.ofa.org, A not-for-profit organization

Call name: Indie
Registered name: Rider High Felicia
Breed: WP6
Sex: F
ID Number (if any): ☐ Tattoo ☒ Microchip: 981020041700785
Registration Number: ☐ AKC ☒ Other: 6R01163 8
Date of Birth (mm/dd/yy): 07/02/21
Date of Exam (mm/dd/yy): 04/11/24

Owner Name: Matt Disbrow
Co-Owner Name:
Phone: 360-450-8154
Owner Address: 5008 NW 128th Cir
City: Vancover
State: WA
Zip/postal code: 98685
E-Mail (use both lines if needed): mattdisbrow@yaho o.com

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: Dr. Rosalie Alls EC533 4/11/24

Diplomate, American College of Veterinary Ophthalmologists

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

871956

Ophthalmologist Name:
Ophthalmologist Address: Dr. Rosalie Alls EC533
City: Columbia River Veterinary Spec State: Vancouver, WA Zip/postal code:
Phone: 360-694-6607 ACVO
Email:

GLOBE
☐ 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) CORNEA (N T A P)
☐ dystrophy—epithelial/stromal ☐
☐ 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; free floating; single; multiple

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

LENS
CATARACT (T N A P) CATARACT (N T A P)

Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
☐	☐	☐	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
☐ PHPV/PHTVL ☐
☐ persistent hyaloid artery ☐
☐ degeneration ☐
syneresis; ant. chamber

FUNDUS
RIGHT EYE — FUNDUS — LEFT EYE

☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	CMR/CMR-like retinopathy	☐
☐	other presumed inherited retinopathy	☐

detached; geographic; folds — 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

11/18/21

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