



Orthopedic Foundation for Animals
 2300 E. Nilong Blvd, Columbia, MO 65201 -3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org. A not-for-profit organization

Companion Animal Eye Registry (CAER)

Ophthalmologist: **David J Haussler, Jr, MS, DVM, DACVO**
 EC 517
 The Animal Eye Institute
 Cincinnati, OH
 513-374-3963

Registered name: **JARS' CLAYBOY** Sex: **MALE**
 Breed: **AUSTRALIAN LABRADOR**
 ID Number (if any): **024** Tattoo Pollichip
 Registration Number: **110** * **297** DAC Other
 Date of Birth: **022014** Date of Exam: **031519**

Owner Name: **JUSTIN RIESECKER** Phone: **419**
 Co-Owner Name: **[REDACTED]**
 Owner Address: **[REDACTED]**
 City: **WAUSEON** State: **OH** Zip/postal code: **43567**

E-Mail (use both lines if needed):
TARSLABRADDODDLES
@GMAIL.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 below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative:
Justin Riesecker

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) _____

- OFA Eye Clearance Database**
- Initial submission..... \$12.00
 - Resubmits:..... \$ 8.00
 - Litter of 3 or more submitted together..... \$30.00
 - Kennel Rate - Minimum of 5 individuals submitted as a group, owned/co-owned by same person..... \$ 7.50
 - Submission of non-passing results in the open database: NO CHARGE

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.
 To pay by Credit Card, see the back of the WHITE sheet.



364227

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

RIGHT EYE GLOBE LEFT EYE <input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy—endothelial <input type="checkbox"/> dystrophy—epithelial/stromal <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> uvea <input type="checkbox"/> uveal cyst <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple		CORNEA <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris <input type="checkbox"/> persistent pupillary membranes LENS <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands	
CATARACT Incip. Punc. Incip. Punc. <input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature <input type="checkbox"/> suspect not inherited <input type="checkbox"/> subluxation/luxation WITREOUS <input type="checkbox"/> PHPV/HTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration		CATARACT Incip. Punc. Incip. Punc. <input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature <input type="checkbox"/> suspect not inherited <input type="checkbox"/> subluxation/luxation WITREOUS <input type="checkbox"/> PHPV/HTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	

RIGHT EYE FUNDUS **LEFT EYE**

detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

folds
 geographic
 detached

OTHER CONDITIONS

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

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

NORMAL

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

Signature: **[Signature]** Date: **5/15/19**
 ACVO # **517**
 Diplomate, American College of Veterinary Ophthalmologists

Comments