



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

Companion Animal Eye Registry (CAER)

Registered name: **JARS' reWRITE the SPARKS 'TD'**
 Breed: **AUSTRALIAN LABRADOXLE** Sex: **MALE**

ID Number (if any): **6008541*** Microchip: **005**
 Registration Number: AKC Other

Date of Birth (mm/dd/yy): **110417** Date of Exam (mm/dd/yy): **031519**

Owner Name: **JUSTIN RIEGSECKER** Phone: **[REDACTED]**
 Co-Owner Name: **[REDACTED]**

Owner Address: **[REDACTED]** City: **[REDACTED]** State: **OH** Zip/postal code: **43567**
 E-Mail (use both lines if needed): **JARSLABRADOODLES@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 box below which permits the OFA to disclose non-passing results to the public.

Signature of owner or authorized agent/representative: *Justin Riegsecker*

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

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

Signature: *[Signature]* Date: **03/15/19**
 ACVO: **[Signature]**

Diplomat, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



505410

RIGHT EYE GLOBE LEFT EYE

microphthalmos
 keratoconjunctivitis sicca
 glaucoma
 EYELIDS
 entropion
 ectropion
 distichiasis
 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
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma

Ophthalmologist Name: **Dr. David J Haussler Jr EC 517**
The Animal Eye Institute
Cincinnati, OH
513-374-3963

Ophth: _____
 City: _____
 Phone: _____
 Email: _____

CORNEA

T N P

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris

free floating
 single
 multiple

ANTERIOR CHAMBER

ant. chamber syneresis

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

LENS

persistent pupillary membranes

ANTERIOR CHAMBER

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OTHER CONDITIONS

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

NORMAL

ANTERIOR CHAMBER

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VITREOUS

subluxation/luxation
 PPHV/PTVL
 persistent hyaloid artery
 degeneration

Comments _____

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

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