



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

Registered name: **JARS' LADY LUCY**

Breed: **AUSTRALIAN LABRADDLE** Sex: **FEMALE**

ID Number (if any): **844** * Tattoo: **518** * Microchip: **584**

Registration Number: AKC other

Date of Birth (mm/dd/yy): **022617** Date of Exam (mm/dd/yy): **031519**

Owner Name: **JUSTIN RIEGSECKER**

Co-Owner Name: _____ Phone: _____

Owner Address: _____

City: **NAUSEEN** State: **OH** Zip/postal code: **43567**

E-Mail (use both lines if needed): **STARS LABRADDLES @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 irrevocably 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 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) _____

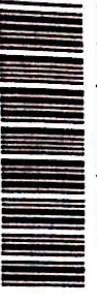
- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog

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

Signature: _____ Date: **3/15/19**

ACVO # **517**

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



505411

Companion Animal Eye Registry (CAER)

- | | | |
|--------------------------|----------------------------------|--------------------------|
| RIGHT EYE | GLOBE | LEFT EYE |
| <input type="checkbox"/> | microphthalmos | <input type="checkbox"/> |
| <input type="checkbox"/> | keratoconjunctivitis sicca | <input type="checkbox"/> |
| <input type="checkbox"/> | glaucoma | <input type="checkbox"/> |
| <input type="checkbox"/> | EYE LIDS | <input type="checkbox"/> |
| <input type="checkbox"/> | entropion | <input type="checkbox"/> |
| <input type="checkbox"/> | ectropion | <input type="checkbox"/> |
| <input type="checkbox"/> | distichiasis | <input type="checkbox"/> |
| <input type="checkbox"/> | ectopic cilia | <input type="checkbox"/> |
| <input type="checkbox"/> | imperforate lacrimal punctum | <input type="checkbox"/> |
| <input type="checkbox"/> | NICTITANS | <input type="checkbox"/> |
| <input type="checkbox"/> | cartilage anomaly/eversion | <input type="checkbox"/> |
| <input type="checkbox"/> | gland prolapse | <input type="checkbox"/> |
| <input type="checkbox"/> | plasmoma/atypical pannus | <input type="checkbox"/> |
| <input type="checkbox"/> | CORNEA | <input type="checkbox"/> |
| <input type="checkbox"/> | dystrophy — epithelial/stromal | <input type="checkbox"/> |
| <input type="checkbox"/> | dystrophy — endothelial | <input type="checkbox"/> |
| <input type="checkbox"/> | pannus | <input type="checkbox"/> |
| <input type="checkbox"/> | pigmentary keratitis/keratopathy | <input type="checkbox"/> |
| <input type="checkbox"/> | UVEA | <input type="checkbox"/> |
| <input type="checkbox"/> | uveal cyst | <input type="checkbox"/> |
| <input type="checkbox"/> | iris coloboma | <input type="checkbox"/> |
| <input type="checkbox"/> | iris hypoplasia | <input type="checkbox"/> |
| <input type="checkbox"/> | iris sphincter dysplasia | <input type="checkbox"/> |
| <input type="checkbox"/> | pigmentary uveitis | <input type="checkbox"/> |
| <input type="checkbox"/> | uveal melanoma | <input type="checkbox"/> |
| <input type="checkbox"/> | persistent pupillary membranes | <input type="checkbox"/> |

<input type="checkbox"/>	endothelial opacity/no strands	<input type="checkbox"/>	iris to iris
<input type="checkbox"/>	iris sheets	<input type="checkbox"/>	iris to cornea
<input type="checkbox"/>	iris to lens	<input type="checkbox"/>	iris to lens
<input type="checkbox"/>	iris to iris	<input type="checkbox"/>	iris to iris
<input type="checkbox"/>	free floating	<input type="checkbox"/>	multiple
<input type="checkbox"/>	single	<input type="checkbox"/>	free floating
<input type="checkbox"/>	multiple	<input type="checkbox"/>	multiple

<input type="checkbox"/>	iris to iris	<input type="checkbox"/>	iris to lens
<input type="checkbox"/>	iris to lens	<input type="checkbox"/>	iris to cornea
<input type="checkbox"/>	iris sheets	<input type="checkbox"/>	iris sheets
<input type="checkbox"/>	endothelial opacity/no strands	<input type="checkbox"/>	endothelial opacity/no strands

<input type="checkbox"/>	ANT. CHAMBER	<input type="checkbox"/>	SYNERESIS
<input type="checkbox"/>	syneresis	<input type="checkbox"/>	ant. chamber
<input type="checkbox"/>	degeneration	<input type="checkbox"/>	
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	
<input type="checkbox"/>	VITREOUS	<input type="checkbox"/>	
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	

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

<input type="checkbox"/>	detached	<input type="checkbox"/>	geographic
<input type="checkbox"/>	geographic	<input type="checkbox"/>	detached
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	retinal detachment
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>	retinal atrophy—generalized
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>	retinopathy
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>	retinal dysplasia
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	choroidal hypoplasia
<input type="checkbox"/>	coloboma	<input type="checkbox"/>	coloboma
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>	optic nerve coloboma
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	optic nerve hypoplasia
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>	micropapilla

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

NORMAL

Comments _____

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomat copy; YELLOW = ACVO Research copy © American College of Veterinary Ophthalmologists 08/19/16