	Compa		n Animal Evo Pogisti		(CAED)						
Orthopedic Foundation for Animals	Compa	IIIU	ion Animal Eye Registry (CAER			almologist Name:					
2300 E Nifong Blvd, Columbia, MO 65201-3806			HTEYE GLOBE LEFTE		0-1				-		
Phone: (573) 442-0418; Fax: (573)875-5073 www.offa.org, A not-for-profit organization				믜	Oph	Dr. David J Haeussler Jr EC 517 The Animal Eye Institute			-		
www.ojju.org, A not-for-pront organization				므	City			nati, OH	ostal	code:	
Registered name:			3		Pho			74-3963			
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Registration Number: AKC Other	$ \cdot $			리 '	"() '	1					
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OWNER NAME: JUSTIN RIEGSECKER	1 ^ (((()							retinal dysplasia	E.		
Co-Owner Name:	// // //		CORNEA] choroidal hypoplasia	a 🗆		
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Owner Address:	gr.		, , ,		2			optic nerve colobom	na 🗆	1	
City: WAUSEON State: Zip/postal code: 0H 43567	S atile	<u></u>	• production of the second	믺ᇂ	ls oati		12	•		1	
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O C M A : / C A A M	city no city			╗	ris to lens ris to cornea ris sheets lens pigment foci/no endothelial opacity/r			OTHER CONDITION	IS		
@GMAIL. COM	t fo			5	at fo			. Unlisted conditions suspected	las 🗆		
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	lial or men res	-			ns rne ts mer			inherited. Describe in comme	nts 🗀		
to the database for statistical gathering purposes. I understand that only passing results will be	othe pigr heer o co o ler			그들	o co be pig			Unlisted conditions suspecte	ed 🗆		
released to the public unless the initials of a registered owner or authorized agent appear in the	endothelial op lens pigment i iris sheets iris to cornea iris to lens iris to lens		uveal melanoma 💢	Iris to Iris	iris to lens iris to cornea iris sheets lens pigment endothelial c		_	as not inherited		,	
authorization box below which permits the OFA partelegse non-passing results to the public.	000000		persistent pupillary membranes		00000			NORMAL		X	
C/ust Luguele			LENS					NORMAL			
Signature of owner or authorized agent/replesentative		omp.	ncip. Punc. ncip.	om o	CATABACT						
I hereby authorize the OFA to release the results of the evaluation	CATARACT	<u>=</u>	<u>≚ ā ā š š</u> ☐ ☐ anterior cortex ☐ ☐ ☐	_	CATARACT	Commen	ts				
of the animal described on this application to the public if the	T N		□ □ posterior cortex □ □ □								
results are non-passing (initials)	()		□ □ equatorial cortex □ □ □	_	()						
		_	□ □ anterior sutures □ □ □	_							
I DID verify microchip/tattoo on this dog			posterior sutures □ □ □	_							
☐ I DID NOT verify microchip/tattoo on this dog	A P	_	nucleus	\rightarrow	$A \cap P$						
	()		□ □ capsular □ □ □	5	()						
I certify that I have performed this ophthalmic examination using			generalized/complete	5	\cup						
pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.			resorbing/hypermature	ם							
Signature ACVO # Date			suspect not inherited	E	3						
WXXX 6/1 3/15/19			subluxation/luxation [ו							
Diplomate, American College of Veterinary Ophthalmologists	ant. chamber		VITREOUS		per						
FEES AND CREDIT CARD INFORMATION ON THE BACK	cham		PHPV/PHTVL C] ;	ant. chamber						
OF THE WHITE (OWNER) COPY	ant. (persistent hyaloid artery] 8	ant.						
(18819) Billi Billi Billi Billi 1188 IIII 1881	00	district.	degeneration		اة						

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

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08/19/16