



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)

Ophthalmologist Name: Amy Baker
 Ophthalmologist Address: 10452 W Atlantic Blvd.
 City: Coral Springs State: FL Zip/postal code: 33071
 Phone: 954 990 7743 ACVO #: S11
 Email: frontdesk@animaleyeregistry.com

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 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
 persistent pupillary membranes

CORNEA
 T N A P
 endothelial opacity/no strands
 lens pigment foc/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free floating
 single
 multiple

CORNEA
 T N A P
 endothelial opacity/no strands
 lens pigment foc/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free floating
 single
 multiple

LENS
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
Significance Unknown/Suspect Not inherited
 subluxation/luxation
VITREOUS
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration

CATARACT
 T N A P
 ant. chamber
 synechias
 ant. chamber
 synechias

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

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

NORMAL

Comments

Call name: Brodie
 Registered name: Brodie Rockstaff Bran Kent
 Breed: Staffordshire Bullterner M
 Microchip/Tattoo: 956000010004005
 Registration Number: RN32672401
 Date of Birth (mm/dd/yy): 091518
 Date of Exam (mm/dd/yy):
 Owner Name: Shane Gunderson
 Co-Owner Name: Alex Escobar
 Owner Address: 1601 NE 9 Ave
 City: Fort Lauderdale
 E-Mail (use both lines if needed): shane.gunderson@aol.com

Phone: 954 873 0539
 State: FL Zip/postal code: 33334

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. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

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: [Signature] Date: 6/19/23
 ACVO #: S11

Diplomate, American College of Veterinary Ophthalmologists

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

