OFA

Orthopedic Foundation for Animals

2300 E Nifong Blyd, Columbia, MO 65201-3806 Phone (573) 442-0418: Fax (573) 875-5073 www.ofa.org, A not-for-profit organization

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Call Name:	PEPPER	
Registered Name:	GDF'S PEPPER	554
Sex/Breed: F	GOLDENDOODLE N	/EDIUM
Microchip/Tattoo:	956000007583215	

Registration No:

Date of Birth: 04/23/2019

Owner Name: CALLIE BROWN

Co-owner Name:

Owner Address 14987 BUDD RD.

City/State/Postal: DUBUQUE IA 52002

Email: calliebrown@goldendoodlesforever.com

Telephone: 563-580-3319

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

06/19/2020

Date of Exam (mm/dd/yyyy)



I DID verify the microchip/tattoo on this dog.

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

NO MICROCHIP/TATTOO PRESENT

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

DR. ELLISON BENTLEY 237 06/19/2020

Signature/ACVO#/Date

Exam registration number: 202NFP



Companion Animal Eye Registry (CAER)

	RIGHT EYE LEFT EYE	Ophthalmolog
/ >	microphthalmos	Clinic Name:
	keratoconjunctivitis sicca	
-10	glaucoma	ACVO#://
Event for	EYELIDS	Phone:
	entropion	Thone:
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	distichiasis	RIGI
S	ectopic cilia	4
	imperforate lacrimal punctum	
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	cartilage anomaly/eversion	detached geographic folds
	gland prolapse	ge del
	plasmoma/atypical pannus	
	CORNEA	VI
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	posterior cortex	
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	anterior sutures	
	posterior sutures	
	nucleus	3
	capsular	V 0
TO	generalized/incomplete	
	resorbing/hypermature	
	Significance Unknown/Suspect Not Inherited	1 (1)
	subluxation/luxation	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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ant chamber	PHPV/PHTVL persistent hyaloid artery	
	persistent hyaloid artery degeneration	
	degeneration	

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Clinic Name				/ 7	
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