Orthopedic Foundation for Animals 2300 E Nifong Blvd, Columbia, MO 65201-3806 Phone: (573) 442-0418; Fax: (573)875-5073 www.offa.org, A not-for-profit organization Registered name: 956000 TLM0506706 Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy): Owner Address: Zip/postal code: E-Mail (use both lines if needed): ebrown@ I hereby certify that the animal examined is the animal described on this appli understand that the results of this exam will be submitted by the exan

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.

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 | |

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

| Signature OP MAM | ACVO# | | Date | |
|---|----------|-----------|------|--|
| Sew 7///ll | 129 | BFC | 2019 | |
| Diplomate, American College of Veterinary | Ophthaln | nologists | O P | |

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

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| Companion Animal Eye Registry (CAER) | | | | | |
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| | Ophthalmologist Name: | | | | |
| RIGHT EYE GLOBE LEFT EYE | Ophthalmologist Address: | | | | |
| ☐ microphthalmos ☐ keratoconjunctivitis sicca ☐ | Dr. Paul E. Miller EC129 | | | | |
| ☐ keratoconjunctivitis sicca ☐ ☐ Glaucoma ☐ | City: University of Wiscottsin Zip/postal code: | | | | |
| EYELIDS | Phone: Madison, Wkcvo#: | | | | |
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| chamber Character Characte | | | | | |

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

persistent hyaloid artery

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