

### Orthopedic Foundation for Animals

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



Registered name:  
**Ablionspit Zephyr**  
Breed:  
**Eurasier**

ID Number (if any):	<input type="checkbox"/> Microchip
98000006651034	<input type="checkbox"/> Tattoo
Registration Number:	<input type="checkbox"/> AKC
1128206	<input type="checkbox"/> Other
Date of Birth:	12/14/2007
Owner Name:	Karen Erickson
Co-Owner Name:	John Roberts
Owner Address:	Box 132
City:	Honey Moon Bay
State:	OR
Zip/postal code:	97140
E-Mail (use both lines if needed):	kericksonhaw.ca

Signature of owner or authorized agent/representative

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.

Initial submission ..... \$12.00  
Resubmits: ..... \$8.00  
Litter of 3 or more submitted together ..... \$30.00  
Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. .... \$7.50 ea.  
Submission of non-passing results in the open database:  
NO CHARGE

### Companion Animal Eye Registry (CAER)

<input type="checkbox"/> RIGHT EYE <input checked="" type="checkbox"/> GLOBE <input type="checkbox"/> LEFT EYE <input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input checked="" type="checkbox"/> EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion		<input type="checkbox"/> CORNEA  <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmaoma/atypical pannus <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> uveal cyst		<input type="checkbox"/> FUNDUS <input type="checkbox"/> LEFT EYE <input type="checkbox"/> retinal detachment <input type="checkbox"/> generalized retinal atrophy — <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> folds <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> detached <input type="checkbox"/> coloboma <input type="checkbox"/> geographic folds <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> detached <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> geographic folds <input type="checkbox"/> micropapilla	
<b>NICTITANS</b> <input type="checkbox"/> CORNEA  <input type="checkbox"/> free floating iris to lens <input type="checkbox"/> single iris to lens <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> iris coloboma <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> uveal melanoma <input type="checkbox"/> multiple iris to lens <input type="checkbox"/> persistent pupillary membranes				<b>OTHER CONDITIONS</b> <input type="checkbox"/> Unlisted conditions suspected as <b>inherited</b> . Describe in comments <input type="checkbox"/> Unlisted conditions suspected as <b>not inherited</b>	
				<b>NORMAL</b> <input checked="" type="checkbox"/> I DID verify microchip/tattoo on this dog <input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog	
<b>CATARACT</b>  <input type="checkbox"/> nuclear cataract <input type="checkbox"/> posterior cortex cataract <input type="checkbox"/> cortical cataract <input type="checkbox"/> equatorial cortex cataract <input type="checkbox"/> capsular cataract <input type="checkbox"/> anterior sutures cataract <input type="checkbox"/> nuclear cataract <input type="checkbox"/> posterior sutures cataract <input type="checkbox"/> capsular cataract <input type="checkbox"/> generalized/complete cataract <input type="checkbox"/> resorbing/hypermature cataract					
<p>I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.</p> <p>Signature </p> <p>Comments</p>					
<b>VITREOUS</b> <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration					
<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis <input type="checkbox"/> vitreous <input type="checkbox"/> retina <input type="checkbox"/> retina <input type="checkbox"/> lens					

12/22/14

284658

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

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