



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: Homestar Runner
 Breed: Mix Sex: M
 ID Number (if any): 0A1265584B Tattoo Microchip
 Registration Number: AKC Other
 Date of Birth: 5/17/10 Date of Exam: 3/25/15
 Owner/Co-owner Name: Julie Jenkins
 Co-Owner Name: _____ Phone: _____
 Owner Address: 4620 Hale Rd
 City: Climax State: NC Zip/postal code: 27233
 E-Mail (use both lines if needed): Fullspeedfox@gmail.com

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

Julie Jenkins
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) _____

OFA Eye Clearance Database

- 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

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.

Companion Animal Eye Registry (CAER)

	RIGHT EYE	GLOBE	LEFT EYE
	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
		EYELIDS	
	<input type="checkbox"/>	entropion	<input type="checkbox"/>
	<input type="checkbox"/>	ectropion	<input type="checkbox"/>
	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
	<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
	<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
		NICTITANS	
	<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
	<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
	<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
		CORNEA	
	<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>
	<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>
	<input type="checkbox"/>	pannus	<input type="checkbox"/>
	<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>
		UVEA	
	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
	<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
	<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
	<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
	<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
	<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
		LENS	
	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
	<input type="checkbox"/>	nucleus	<input type="checkbox"/>
	<input type="checkbox"/>	capsular	<input type="checkbox"/>
	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
	<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		VITREOUS	
	<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Dr. Kelly Sigle EC299
Carolina Veterinary Specialists
501 Nicholas Rd
Greensboro, NC 27409

Zip/postal code:

Email:

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
		OTHER CONDITIONS	
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

NORMAL

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: Kelly Sigle ACVO # 3/25/15 Date

Diplomate, American College of Veterinary Ophthalmologists

Comments