



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

Registered name: MAGIK'S ICE ON THE SLOPES
 Breed: Golden Ret Sex: M
 ID number (if any): S126611937901
 Registration number: S126611837901
 Date of Birth (mm/dd/yy): 12/8/10 Date of Exam (mm/dd/yy): 1/21/17
 Owner Name: Anu Rowe Phone: 4172226914
 Co-Owner Name:
 Owner Address: 23890 OAK VALLEY LN
 City: Sorrento State: FL Zip/postal code: 32716
 E-Mail (use both lines if needed): MAGIK@KICLANEVALE.COM

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.

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: Thomas Miller Date: 1/21/17
 ACVO # _____

Diplomate, American College of Veterinary Ophthalmologists
FEEs AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Thomas R. Miller
 EC 116
 Tampa Bay Veterinary Specialists
 727-535-9590
 City: _____ State: _____ Zip/postal code: 116
 Phone: _____ Email: _____

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigimentary keratitis/keratopathy UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigimentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes	CORNEA N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> fits to lens <input type="checkbox"/> fits to cornea <input type="checkbox"/> fits to iris	CORNEA N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> fits to lens <input type="checkbox"/> fits to cornea <input type="checkbox"/> fits to iris
<input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature	CATARACT N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/>	CATARACT N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/>

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds <input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached	<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds

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

NORMAL

Comments

Reported 2/7/17 James

<input type="checkbox"/> anterior chamber <input type="checkbox"/> syneresis <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<input type="checkbox"/> subluxation/luxation VITREOUS <input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber
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