



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

Call Name:	LUCY
Registered Name:	PUPPY LOVES LUCY IN THE SKY
Sex/Breed:	F MUTIGEN AUSTRALIAN LABRADOODLE MINI
Microchip/Tattoo:	956000006701139
Registration No:	00036242
Date of Birth:	12/21/2019
Owner Name:	SHONA KEEHN
Co-owner Name:	
Owner Address:	729 KAPPEL STREET
City/State/Postal:	SICAMOUS BC V0E2V1
Email:	shuswaplabradoodles@gmail.com
Telephone:	250-804-6809

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

10/07/2020

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

BIANCA BAUER 379 10/07/2020

Signature/ACVO#/Date

Exam registration number: **20N38G**



Companion Animal Eye Registry (CAER)

RIGHT EYE		LEFT EYE	
GLOBE			
<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"/>	pigmentary keratitis/keratopathy	<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/incomplete	<input type="checkbox"/>	
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	
Significance Unknown/Suspect Not Inherited			
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	
VITREOUS			
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	
<input type="checkbox"/>	degeneration	<input type="checkbox"/>	

Ophthalmologist:	BIANCA BAUER
Clinic Name:	OKANAGAN ANIMAL EYE CARE
ACVO #:	379
Phone:	250-717-3939

RIGHT EYE		LEFT EYE	
FUNDUS			
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy - generalized	<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>	
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>	
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	
<input type="checkbox"/>	coloboma	<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	
<input type="checkbox"/>	micropapillia	<input type="checkbox"/>	

OTHER CONDITIONS	
<input type="checkbox"/>	Unlisted conditions suspected as Inherited . Describe in comments
<input type="checkbox"/>	Unlisted conditions suspected as not inherited .

<input checked="" type="checkbox"/>	NORMAL	<input checked="" type="checkbox"/>
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Comments