



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

Companion Animal Eye Registry (CAER)

Call name: Astro

Registered name: Overlook's Past The Horizon

Breed: Labrador Sex: male

Microchip/Tattoo: 956000012091283

Registration Number: 5516646901

Date of Birth (mm/dd/yy): 11/08/19 Date of Exam (mm/dd/yy): 06/06/21

Owner Name: Jessica Smith

Co-Owner Name: Rebecca Bloom

E-Mail (use both lines if needed): westlanelabrador@gmail.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. 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

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) JLS

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog
 NO MICROCHIP/TATTOO PRESENT

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

Signature: [Signature] ACVO # 148 Date 6-6-21

Diplomate, American College of Veterinary Ophthalmologists



OFA Health Clinic Discount
Clinic Rate: \$7.50
Club: Cavaliers of the West
Date: 6/6/21
Valid on: OFA Cardiac & Eye Exams

THE BACK

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

RIGHT EYE GLOBE LEFT EYE

- microphthalmos
- keratoconjunctivitis sicca
- glaucoma

EYELIDS

- entropion
- ectropion

- distichiasis
- ectopic cilia

- imperforate lacrimal punctum

NICTITANS

- cartilage anomaly/eversion
- gland prolapse
- plasmoma/atypical pannus

CORNEA

- dystrophy — epithelial/stromal
- dystrophy — endothelial
- pannus
- pigmentary keratitis/keratopathy

UVEA

- uveal cyst
- iris coloboma
- iris hypoplasia
- iris sphincter dysplasia
- pigmentary uveitis
- uveal melanoma

persistent pupillary membranes

LENS

- | CATARACT | Incomp. | Incip. | Punc. | Punc. | Incip. | Incomp. | CATARACT |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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Significance Unknown/Suspect Not Inherited

- posterior Y-suture tip opacities
- subluxation/luxation

VITREOUS

- PHPV/PHTVL
- persistent hyaloid artery degeneration

Ophthalmologist Name: [Signature]
 Ophthalmologist Address: _____
 City: VO CPC State: _____ Zip/postal code: _____
 Phone: 5417456349 ACVO #: 148
 Email: _____

RIGHT EYE FUNDUS LEFT EYE

- | RIGHT EYE | FUNDUS | LEFT EYE |
|--------------------------|--------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | retinal detachment | <input type="checkbox"/> |
| <input type="checkbox"/> | retinal atrophy—generalized | <input type="checkbox"/> |
| <input type="checkbox"/> | CMR/CMR-like retinopathy | <input type="checkbox"/> |
| <input type="checkbox"/> | other presumed inherited 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"/> | micropapilla | <input type="checkbox"/> |

OTHER CONDITIONS

- Unlisted conditions suspected as inherited. Describe in comments
- Unlisted conditions suspected as not inherited

NORMAL

Comments