



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

Application for Eye Database

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
- exposure/pigmentary keratitis

UVEA

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

persistent pupillary membranes

LENS

- | CATARACT | LENS | | | | | | CATARACT |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| | Incomp. | Incp. | Punc. | Punc. | Incp. | Incomp. | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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VITREOUS

- PHPV/PTVL
- persistent hyaloid artery
- degeneration

Veterinarian name:

Veterinarian Address

City:

Phone:

ACVO #:

Email:

Dr. Rachel D. Ring EC201
 Animal Ophthalmology Clinic
 4444 Trinity Mills Rd Ste 201
 Dallas, TX 75287

Registered name:

Western Hills my Candy Girl

Breed: Aust. Shep Sex: F

ID Number (if any): Tattoo Microchip

18 620005049624

Registration Number: AKC Other

DN21771705

Date of Birth: Date of Exam

050608 081914

Owner name:

Heidi Mobley

Owner Address:

9081 Culp Branch

City: Sanger State: TX Zip/postal code: 76266

E-Mail (use both lines if needed):

whaussies@gmail.com

whaussies@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. (signature of owner or authorized representative)

Heidi Mobley

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
- 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.

Visa/Master Card Number

Name on card

Expiration Date CVV

9/12/12

08/19/14

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomate copy

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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"/> | <input type="checkbox"/> folds
<input type="checkbox"/> geographic
<input type="checkbox"/> detached |
| | <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> | |
| | <input type="checkbox"/> retinopathy <input type="checkbox"/> | |
| <input type="checkbox"/> retinal dysplasia | | |

- choroidal hypoplasia
- coloboma
- optic nerve coloboma
- optic nerve hypoplasia
- micropapilla

OTHER CONDITIONS

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

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

Dr. Rachel D. Ring

Date:

2/19/14

Diplomate, American College of Veterinary Ophthalmologists

Comments

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