



**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: Coronado Gideon of Shadow mt Sex: M  
 Breed: Australian Shepherd  
 ID Number (if any):  Tattoo  Microchip  
 Registration Number: 043433003  AKC  Other  
 Date of Birth: 050415 Date of Exam: 090517

Owner Name: Julie Van Derlin den Phone: 9515512844  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 20765 Patterson St  
 City: Perris State: CA Zip/postal code: 92570  
 E-Mail (use both lines if needed): \_\_\_\_\_

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.

Initials: Julie Van Derlin den

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
  - 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.



325935

**Companion Animal Eye Registry (CAER)**

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: Dr. Todd Strubbe EC214  
 City: VCA Eye Clinic for Animals Zip/postal code: \_\_\_\_\_  
 Phone: San Diego, CA  
 Email: 858-502-1277

**RIGHT EYE** **GLOBE** **LEFT EYE**

microphthalmos  
 keratoconjunctivitis sicca  
 glaucoma

**EYELIDS**

entropion  
 ectropion  
 distichiasis  
 ectopic cilia

imperforate lacrimal punctum  
 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**

anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized/complete  
 resorbing/hypermature

**suspect not inherited**

subluxation/luxation

**VITREOUS**

PHPV/PHTVL  
 persistent hyaloid artery  
 degeneration

**CATARACT**

N  P

**CATARACT**

N  P

ant. chamber  synchysis

**RIGHT EYE** **FUNDUS** **LEFT EYE**

detached  geographic  folds

retinal detachment  
 retinal atrophy—generalized  
 retinopathy  
 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: \_\_\_\_\_ Date: 9-5-17  
 ACVO # 217  
 Diplomat, American College of Veterinary Ophthalmologists

Comments \_\_\_\_\_