



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: **Devanley's Life is a Highway**
 Breed: **LAB** Sex: **DOG**
 ID Number (if any): Tattoo Microchip
 95600003394085
 Registration Number: AKC Other
 SR79363602
 Date of Birth: **081013** Date of Exam: **092416**

Owner Name: **JUDY SEGEDI**
 Co-Owner Name: _____
 Phone: **330-764-9717**
 Owner Address: **2787 MARKS RD**
 City: **VALLEY CITY OH** Zip/postal code: **44280**
 E-Mail (use both lines if needed): **DEVANLEY LABS@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.

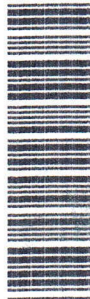
J Seay
 Signature of owner or authorized agent/representative

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.



389503

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: **Dr. Margaret Foss EC255**
 Ophthalmologist Address: **Animal Eye Consultants of Ohio**
 City: **1180 W Bayton St** State: _____ Zip/postal code: _____
 Phone: **Alliance, OH 44601** ACVO #: **255**
 Email: **330-829-0107**

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
 pigimentary keratitis/keratopathy
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigimentary uveitis
 uveal melanoma
 persistent pupillary membranes

CORNEA T N **CORNEA** T N
 A P **CORNEA** A P

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 multiple
 single
 free floating

LENS

CATARACT T N **CATARACT** T N
 A P **CATARACT** A P

persistent pupillary membranes
 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
 ant. chamber
 synechias

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: *[Signature]* ACVO # **25592416** Date
 Diplomat, American College of Veterinary Ophthalmologists

Comments