



Companion Animal Eye Registry (CAER)

Ophthalmologist Name: Webb	
Ophthalmologist Address: medvet Columbus	
City:	State:
Zip/postal code:	
Phone: 614-431-4404	ACVO #: 301
Email:	

	RIGHT EYE	FUNDUS	LEFT EYE
T	☐	retinal detachment	☐
	☐	retinal atrophy— generalized	☐
	☐	CMR/CMR-like retinopathy	☐
	☐	other presumed inherited retinopathy	☐
P	☐	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

TRACT	 NORMAL 

[illegible]

CORNEA	☐ distichiasis ☐ ☐ ectopic cilia ☐ ☐ imperforate lacrimal punctum ☐
NICTITANS	
☐ cartilage anomaly/eversion ☐	
☐ gland prolapse ☐	
☐ plasmoma/atypical pannus ☐	
CORNEA	
CORNEA	☐ dystrophy — epithelial/stromal ☐

[illegible]

CATARACT	LENS					CATARACT
	Incomp.	Incip.	Punc.	Punc.	Incomp.	
T	☐	☐	☐	anterior cortex	☐	N
	☐	☐	☐	posterior cortex	☐	
	☐	☐	☐	equatorial cortex	☐	
	☐	☐	☐	anterior sutures	☐	
	☐	☐	☐	posterior sutures	☐	
	☐	☐	☐	nucleus	☐	A
	☐	☐	☐	capsular	☐	
	☐	☐	☐	generalized/complete	☐	P
	☐	☐	☐	resorbing/hypermature	☐	

☐	Significance Unknown/Suspect Not Inherited	☐
☐	☐ posterior Y-suture tip opacities	☐
☐	☐ subluxation/luxation	☐
☐	VITREOUS	☐
☐	☐ PHPV/PHTVL	☐
☐	☐ persistent hyaloid artery	☐
☐	☐ degeneration	☐
☐	☐ ant. chamber	☐
☐	☐ syneresis	☐
☐	☐ ant. chamber	☐
☐	☐ syneresis	☐

Call name:	Donna	
Registered name:	Green babies Plank Eyed Scin	
Breed:	Lab Ret M	
Microchip/Tattoo:	977720009651420	
Registration Number:	☐ AKC ☒ Other	
Date of Birth (mm/dd/yy):	55272725501	
Date of Exam (mm/dd/yy):	102720062521	

Owner Name:	Auzie Beangin		
Co-Owner Name:			
Owner Address:	2015 Dutch Ln		
City:	State:	Zip/postal code:	
Newark	NJ	07105	
E-Mail (use both lines if needed):			
intoagree ngables kenney.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. 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) _____

☒	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	ACVO #	Date
<i>[Signature]</i>	301	6/25/21

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY

