



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: Leionspitz Cheerful Xzattzie
 Breed: Eurasier Sex: Female
 Tattoo Microchip
 ID Number (if any): 941000016442764
 Registration Number: AKC Other CKC
 Date of Birth: 1128418 Date of Exam: 061114

Owner Name: Karla Erickson
 Co-Owner Name: Andrea Melickarkay2509325007
 Owner Address: Box 132 Honeyman Bay
 City: Honeyman Bay State: BC Zip/postal code: V0K1Y0
 E-Mail (use both lines if needed): tkerickson@shaw.ca

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 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.

Signature of owner or authorized agent/representative: [Signature]

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 ea.
 - 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.

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: Western Canada Veterinary Eye Specialists
 Ophthalmologist Address: 504-548-4844
 City: _____ State: _____ Zip/postal code: _____
 Phone: _____ ACVO #: _____
 Email: _____

<input type="checkbox"/> detached	<input type="checkbox"/> geographic	<input type="checkbox"/> folds	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> retinal detachment	<input type="checkbox"/> retinal atrophy—generalized	<input type="checkbox"/> retinopathy	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> coloboma
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> micropapilla	OTHER CONDITIONS			
Unlisted conditions suspected as inherited . Describe in comments <input type="checkbox"/>					
Unlisted conditions suspected as not inherited <input type="checkbox"/>					

<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris sheets	<input type="checkbox"/> free floating	<input type="checkbox"/> multiple	<input type="checkbox"/> single	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> anterior cortex	<input type="checkbox"/> posterior cortex	<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> anterior sutures	<input type="checkbox"/> posterior sutures	<input type="checkbox"/> nucleus	<input type="checkbox"/> capsular	<input type="checkbox"/> generalized/complete	<input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> persistent pupillary membranes

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 # 127 Date Nov 19 16

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

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