

Companion Animal Eye Registry (CAER)



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

Call Name:	PEPPER
Registered Name:	GDF'S PEPPER
Sex/Breed:	F GOLDENDOODLE MEDIUM
Microchip/Tattoo:	956000007583215
Registration No:	
Date of Birth:	04/23/2019
Owner Name:	CALLIE BROWN
Co-owner Name:	
Owner Address	14987 BUDD RD.
City/State/Postal:	DUBUQUE IA 52002
Email:	calliebrown@goldendoodlesforever.com
Telephone:	563-580-3319

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. I 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

06/19/2020

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmological examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.
DR. ELLISON BENTLEY 237 06/19/2020

Signature/ACVO#/Date

Exam registration number: **202NFP**



Owner: Take this form to the exam if you want to take away a hardcopy. Full results will be sent to your email address following the exam. Instructions on submitting the results of this exam to the OFA public database will be included in the email.

		RIGHT EYE				LEFT EYE					
		GLOBE									
		EYELIDS									
CORNEA										CORNEA	
		NICITANS									
		CORNEA									
		UVEA									
		LENS									
CATARACT										CATARACT	
		VITREOUS									
		SIGNIFICANCE									
		VITREOUS									

Ophthalmologist:	DR. ELLISON BENTLEY
Clinic Name:	
ACVO #:	237
Phone:	

		RIGHT EYE				LEFT EYE					
		FUNDUS									
detached										detached	
geographic folds										geographic folds	
retinal										retinal	
retinal dysplasia										retinal dysplasia	
choroidal hypoplasia										choroidal hypoplasia	
coloboma										coloboma	
optic nerve coloboma										optic nerve coloboma	
optic nerve hypoplasia										optic nerve hypoplasia	
micropapillia										micropapillia	
OTHER CONDITIONS											

<input checked="" type="checkbox"/>	X	NORMAL	<input checked="" type="checkbox"/>
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Comments