



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org, A not-for-profit organization

Registered name: CH. Ashland's Taylor Made
 Breed: Labrador Ret. Sex: Male
 ID Number (if any): Tattoo Microchip
028872800
 Registration Number: AKC Other
 (SR) SR60002801
 Date of Birth: 112109 Date of Exam: 031216

Owner Name: Mark Brown
 Co-Owner Name: Teresa Gordy Phone: 615-792-7095
 Owner Address: 190 Sutton Lane
 City: Ashland City State: TN Zip/postal code: 37015
 E-Mail (use both lines if needed):
ashlandlabradors@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.

Teresa Gordy
 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 Health Clinic Discount	\$12.00
	Clinic Rate: \$7.50	\$ 8.00
	Club: Nashville KC / Tullahoma KC	\$30.00
	Date: 3/10/16	
	Valid on: OFA Eyes/Cardiac/Thyroid/Patella	\$ 7.50

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.



368178

Companion Animal Eye Registry (CAER)

		RIGHT EYE	GLOBE	LEFT EYE
		<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
		<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
		<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
		EYELIDS		
		<input type="checkbox"/>	entropion	<input type="checkbox"/>
		<input type="checkbox"/>	ectropion	<input type="checkbox"/>
		<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
		<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
		<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
		NICTITANS		
		<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
		<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
		<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
		CORNEA		
		<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>
		<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
		<input type="checkbox"/>	pannus	<input type="checkbox"/>
		<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
		UVEA		
		<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
		<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
		<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
		<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
		<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
		<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
		LENS		
		<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
		<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
		<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
		<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
		<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
		<input type="checkbox"/>	nucleus	<input type="checkbox"/>
		<input type="checkbox"/>	capsular	<input type="checkbox"/>
		<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
		<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
		persistant pupillary membranes		
		<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		VITREOUS		
		<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
		<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
		degeneration		

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Amity Huskey
 City: EC 342 State: 342 Zip/postal code: _____
 Phone: 615-690-9399 ACVO #: _____
 Email: _____

		RIGHT EYE	FUNDUS	LEFT EYE
detached	geographic	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
		<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
		<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
folds	geographic	<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
		<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
		<input type="checkbox"/>	coloboma	<input type="checkbox"/>
		<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
		<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
		<input type="checkbox"/>	micropapilla	<input type="checkbox"/>

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: Amity Huskey ACVO #: 342 Date: 3-12-16
 Diplomat, American College of Veterinary Ophthalmologists

Comments: inactive chorioretinitis OS