

**Companion Animal Eye Registry (CAER)**

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: **Dr. Fancesca Venturi EC559**  
 Eye Care for Animals  
 San Diego, CA  
 619-702-3937  
 City: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Call name: Rylie  
 Registered name: Red Forrest Can't Touch This  
 Breed: Aust. Shep. Sex: F  
 Microchip/tattoo: \_\_\_\_\_  
985113002636746  
 Registration Number:  AKC  Other  
 Date of Birth (mm/dd/yy): 12/10/18 083021

Owner Name: Laura + Terry Diebold  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 8239 Tommy Dr  
San Diego State: CA Zip/postal code: 92119  
 E-Mail (use both lines if needed): \_\_\_\_\_

Microchip/tattoo: Red Forrest @ Cox's net  
 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, I 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: Laura Diebold

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: \_\_\_\_\_ Date: 8/30/24  
 ACVO # 752

Diplomate, American College of Veterinary Ophthalmologists  
**FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY**



772938

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

**CORNEA**  
 N T  
 A P  
 free floating  
 single  
 multiple  
 iris to cornea  
 iris to iris  
 iris to lens  
 iris to lens  
 iris sheets  
 iris pigment foci/no strands  
 endothelial opacity/no strands

**LENS**  
 Incmp.  
 Pnc.  
 Incmp.  
 anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized/complete  
 resorbing/hypermature  
**Significance Unknown/Suspect Not Inherited**  
 posterior Y-suture tip opacities  
 subluxation/luxation  
**VITREOUS**  
 ant. chamber  
 synchysis  
 PHPV/PHTVL  
 persistent hyaloid artery  
 degeneration

**CATARACT**  
 T N  
 A P  
 lens pigment foci/no strands  
 iris sheets  
 iris to cornea  
 iris to iris  
 iris to lens  
 iris to lens  
 iris sheets  
 lens pigment foci/no strands  
 endothelial opacity/no strands

**RIGHT EYE** **FUNDUS** **LEFT EYE**  
 detached  
 geographic  
 folds  
 retinal detachment  
 retinal atrophy—generalized  
 CMR/CMR-like retinopathy  
 other presumed inherited 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**

Comments  
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