



Call name: YOOI

Registered name:

Breed: Aust. Shep Sex: M

Microchip/tattoo:

Registration Number: AKC Other

Date of Birth (mm/dd/yy):

Owner Name: Lana Diebold

Co-Owner Name:

Owner Address:

City: State: Zip/postal code:

E-Mail (use both lines if needed):
redforres

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
Lana 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

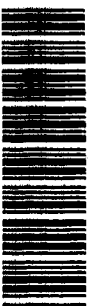
I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: [Signature] Date: 11-3-09

ACVO # 87

Diplomate, American College of Veterinary Ophthalmologists

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



797495

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: William J. Millichamp, BVetMed, PhD,

Ophthalmologist Address: 20 Ophthalmol, DECVO, MRCVS, DACVO

City: EC67 State: EC67 Zip/postal code: (281) 820-3937

Phone: Eye Care for Animals

Email: (281) 820-3937

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos

keratoconjunctivitis sicca

glaucoma

EYELIDS

entropion

ectropion

distichiasis

ectopic cilia

NICTITANS

imperforate lacrimal punctum

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

peristent pupillary membranes

LENS

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

syneresis

PHPV/PHTVL

persistent hyaloid artery

degeneration

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

CORNEA

RIGHT EYE **LEFT EYE**

T **N** **A** **P**

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to iris

multiple

single

free floating

free floating

CATARACT

RIGHT EYE **LEFT EYE**

T **N** **A** **P**

anterior cortex

posterior cortex

equatorial cortex

anterior sutures

posterior sutures

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NORMAL

Comments