



# Orthopedic Foundation for Animals

2300 E. Niweg Blvd, Columbia, MO 65201-3806  
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[www.ofa.org](http://www.ofa.org), A not-for-profit organization

# Companion Animal Eye Registry (CAER)

Registered name: **Tawpabay Naughty Boy (Paw)**  
Breed: **Tabby Dooodle** see: WI

ID Number (if any): **038364259**  Tattoo  Microchip  
Registration Number: **AK**  AK  Donor  
Date of Birth: **12/7/04**  4915  4915  
Date of Exam: **01/10/15**

Owner Name: **Amey-Rutledge**  
Co-Owner Name: **Phoebe**  
Owner Address: **2321 Springs Meadows DR**  
City: **Wuerfela** State: **CA** Zip/postal code: **92582**  
E-Mail (use both lines if needed): **ayrvt1edg@mac.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.  
*Amey Rutledge*  
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) **AKR**

- 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
  - 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.



WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomat copy

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Ophthalmologist Name: **Dr. Marcella Ashton EC336**  
Ophthalmologist Address: **Animal Eye Vet, Inc. Murfeta, CA 951-801-6166**  
City: **Murfeta, CA** Zip/postal code: **951-801-6166**  
Phone: **951-801-6166** ACVO #: **in FO @ amvetvet.com**  
Email: **in FO @ amvetvet.com**

<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple	<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELEDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <input type="checkbox"/> CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	<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"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating
	<input type="checkbox"/> persistent pupillary membranes <input type="checkbox"/> LENS <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"/> suspect not inherited <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis

<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds <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 coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
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DID verify microchip/tattoo on this dog  
 DID NOT verify microchip/tattoo on this dog

**NORMAL**

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

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

Signature: *Marcella Ashton* ACVO # **536** Date: **1/13/15**

Diplomat, American College of Veterinary Ophthalmologists

Comments: