



**Orthopedic Foundation for Animals**  
 2300 E. Niweg Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573)875-5073  
 www.ffa.org A not-for-profit organization

**Companion Animal Eye Registry (CAER)**

Registered name: **Round Lakes Sunrise Shelby**  
 Breed: **Labrador Retriever** Sex: **F**  
 ID Number (if any):  Tattoo  Certificate

Registration Number: **SR83270004**  Other   
 Date of Birth: **063014** Date of Exam: **050516**

Owner Name: **BRYAN BOUTTES**  
 Co-Owner Name: **ROUND LAKE KENNELS** Phone: **507-360-6405**  
 Owner Address: **1510 Southview Ct.**  
 City: **Fairmont** State: **MN** Zip/postal code: **56031**

E-Mail (use both lines if needed):  
**Labels@roundlakekennels.com**

I hereby certify that the animal examined in 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 within 7 days of the OIA to release non-passing results to the public.

*Brad Jenks* *Absent For Durve*  
 Signature of owner or authorized agent/representative

I hereby authorize the OIA 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 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 ea.
- 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.

12/22/14

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

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- 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

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Dr. Steven Biffner EC100**  
 Consultant in Ophthalmology  
 Maple Grove, MN 55369 #1452

<p><b>CATARACT</b></p> <p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p> <p><input type="checkbox"/> subluxation/luxation</p> <p><b>VITREOUS</b></p> <p><input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p> <p><input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber</p>	<p><b>RIGHT EYE</b></p> <p><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</p> <p><input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple</p> <p><input type="checkbox"/> uveal cyst</p> <p><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</p> <p><input type="checkbox"/> persistent pupillary membranes</p>	<p><b>LEFT EYE</b></p> <p><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</p> <p><input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple</p> <p><input type="checkbox"/> uveal cyst</p> <p><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</p> <p><input type="checkbox"/> persistent pupillary membranes</p>
	<p><b>CORNEA</b></p> <p><input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy</p> <p><b>UVEA</b></p> <p><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</p>	<p><b>CORNEA</b></p> <p><input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy</p> <p><b>UVEA</b></p> <p><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</p>

**RIGHT EYE** **FUNDUS** **LEFT EYE**

- detached
- geographic
- folds
- retinal detachment
- retinal atrophy — generalized
- 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**

- I DID verify microchipping on this dog
- I DID NOT verify microchipping on this dog

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

Signature: *Stephen Biffner* ACVO # \_\_\_\_\_  
 Date: *5/5/16*  
 Diplomat, American College of Veterinary Ophthalmologists

Comments: \_\_\_\_\_