



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: Dornischatten Evangelic Eve

Breed: Labrador Retriever Sex: F

ID Number (if any): Tattoo Microchip

Registration Number: AKC Other

SR6699904

Date of Birth: 022011 Date of Exam: 042313

Owner name: Pamela Hodgson

Owner Address: 1723 Old Glen Hwy

City: Eagle River State: AK postal code: 99577

E-Mail (use both lines if needed): doglady@dornischatten.com

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public. (signature of owner or authorized representative)

Pamela Hodgson

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 Eye Clearance Database**
- Initial submission\$12.00
 - Resubmits:\$8.00
 - 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.

Visa/Master Card Number _____

Name on card _____

Expiration Date _____ CVV _____

9/12/12 030104

Application for Eye Database

	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"/>	exposure/pigmentary keratitis	<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"/>
	persistent pupillary membranes		
	LENS		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
	<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
	VITREOUS		
	<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	degeneration		

Veterinaria* _____

Veterinaria _____

City: _____

Phone: _____

Email: _____

Dr. Alan H. Brightman EC095
2111 Sunshine Point Dr.
Kingwood, TX 77345 **096**
920-843-2200
alaskaeyes@gmail.com

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
retinal dysplasia			
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
OTHER CONDITIONS			
<input type="checkbox"/>	Unlisted conditions suspected as inherited . Describe in comments		<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited		<input type="checkbox"/>

NORMAL

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog None

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

Signature: Alan H. Brightman Date: 2/23/13

Diplomate, American College of Veterinary Ophthalmologists

Comments _____

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomate copy

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