



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

Companion Animal Eye Registry (CAER)

Registered name: **Zoldmaff Star** Sex: **F**
 Breed: **Vizsla (Wirehaired)**
 ID Number (if any): **688038000114898**
 Registration Number: **55068546011** Other:
 Date of Birth (mm/dd/yy): **031518** Date of Exam (mm/dd/yy): **091820**

Owner Name: **Michael Carland** Phone: **88-674-1878**
 Co-Owner Name: _____
 Owner Address: **609 Longdu Venice Rd**
 City: **Cifton Forge** State: **VA** Zip/postal code: **24422**
 E-mail (use both lines if needed): _____

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.

Signature of owner or authorized agent/representative: *Michael Carland*

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]* ACVO # _____ Date: **9/18/20**
 Diplomat, American College of Veterinary Ophthalmologists

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



602228

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

CORNEA
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free floating
 single
 multiple

CORNEA
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 multiple
 single
 free floating

ANTERIOR CHAMBER
 ant. chamber
 syneresis
 persistent hyaloid artery
 degeneration

POSTERIOR CHAMBER
 subluxation/luxation
 PPHV/PHTVL
 persistent hyaloid artery
 degeneration

WITREOUS
 syneresis
 ant. chamber

LENS
 persistent pupillary membranes
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature

Ophthalmologist Name: **Dr. Roxanne Rodriguez Galarza EC599**
 Ophta: **Virginia Tech Small Animal Clinical Sciences**
 City: **Blacksburg, VA 24061**
 Phone: _____
 Email: _____

RIGHT EYE FUNDS 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

Comments: _____

