**Orthopedic Foundation for Animals**
2300 E Nifong 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)

Call name: SeQuINN
Registered name: SereNity's sparkle in the Night
Breed: Australian Shepherd
Sex: female
ID Number (if any): ☐ Tattoo ☐ Microchip: 981020031540238
Registration Number: ☐ AKC ☐ Other: DN59291601
Date of Birth (mm/dd/yy): 09/16/19
Date of Exam (mm/dd/yy): 10/05/22

Owner Name: Mikelle Maas
Co-Owner Name: Brittany Greendeer
Phone: (920)2770143
Owner Address: 2102 N Richmond St
City: Appleton
State: WI
Zip/postal code: 54911
E-Mail (use both lines if needed): maasmikelle@gmail.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.*

*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)*** _____

- ☒ 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 | ACVO # | Date |
|---|---|---|
| | | 10-5-22 |

*Diplomate, American College of Veterinary Ophthalmologists*

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

842646

Ophthalmologist Name: Dr. Gretchen M. Schmidt
Ophthalmologist Address: EC 51
City: Animal Eye Clinic
State:
Zip/postal code:
Phone: 920-863-3160
ACVO #:
Email:

| 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 | ☐ |

CORNEA (T, N, A, P) — CORNEA (N, T, A, P)

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

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

| RIGHT EYE | FUNDUS | LEFT EYE |
|---|---|---|
| ☐ | retinal detachment | ☐ |
| ☐ | retinal atrophy—generalized | ☐ |
| ☐ | CMR/CMR-like retinopathy | ☐ |
| ☐ | other presumed inherited retinopathy | ☐ |
| ☐ detached ☐ geographic ☐ folds | retinal dysplasia | ☐ folds ☐ geographic ☐ detached |
| ☐ | 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** ☐

| CATARACT | Incomp. | Incip. | Punc. | | Punc. | Incip. | Incomp. | CATARACT |
|---|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | 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 | |
|---|---|
| ☐ | PHPV/PHTVL ☐ |
| ☐ | persistent hyaloid artery ☐ |
| ☐ ant. chamber ☐ syneresis | degeneration ☐ syneresis ☐ ant. chamber |

Comments

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

11/18/21

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