Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Email: ofa@offa.org
www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: Truffle
Registered name: CH Gunpowder & Lead's Brookside Prized White Truffle
Breed: Labrador Retriever Sex: F
ID Number (if any): ☐ Tattoo ☒ Microchip: 956000014283427
Registration Number: ☒ AKC ☐ Other: SS30324501
Date of Birth (mm/dd/yy): 110821 Date of Exam (mm/dd/yy): 051124

Owner Name: Kalli Holdash
Co-Owner Name:
Phone: [redacted]
Owner Address: [redacted]
Zip/postal code: 44131
Mail (use both lines if needed): OHIOBROOKSIDELABS@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.

Kalli Holdash
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: Bill Greentree ACVO #: 208 Date: 5/11/24
Diplomate, American College of Veterinary Ophthalmologists

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

920262

Ophthalmologist Name: Bill Greentree, DVM, DACVO
Ophthalmologist Address: Veterinary Ophthalmologist EC208
City: [redacted] State: [redacted] Zip/postal code: [redacted]
Phone: GreentreeDVM@gmail.com
Email: (614) 600-0322

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	☐
☐	persistent pupillary membranes	☐
	LENS	
☐	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	☐
☐	degeneration	☐

CORNEA (T N A P) — CATARACT (Incomp. Incip. Punc.)

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

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

Comments

11/18/21

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