



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

Companion Animal Eye Registry (CAER)

Registered name: Green Gables Brisbane's Buddy of GNC
 Breed: Australian Cattle Dog Sex: M
 ID Number (if any): Tattoo Microchip
83 7 030520
 Registration Number: AKC Other
 Date of Birth: 12 02 15 Date of Exam: 01 29 16
 Owner/Co-owner Name: Grace/Carl George
 Co-Owner Name: _____ Phone: 864-230-9465
 Owner Address: 250 Thompson Road
 City: Taylor State: SC Zip/postal code: 29687
 E-Mail (use both lines if needed): gg1.george@gmail.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.

DO NOT SEND IN TO OFA

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) _____

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.

	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"/>
	<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
		LENS	
	<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"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist: _____
 Ophthalmologist: _____
 City: _____
 Phone: _____
 Email: _____

Dr. Diana Pate EC391
Upstate Veterinary Specialists
393 Woods Lake Rd
Greenville, SC 29607

	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<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

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

Signature: Diana Pate ACVO # 391 Date: 1/29/16
Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

Office Use Only
 APPL _____
 RAD _____
 CK _____



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

Office Use Only

Application for Patellar Luxation Database

Registered name:		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Breed: AUSTRALIAN LABRADOODLE		Sex: MALE		Date of Birth (month-day-year): 12-02-15	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 837 030 520		Registration number of sire: ALCA		Registration number of dam: ALCA	
Owner name: Grace George		Date of evaluation (month-day-year): 01-20-16		Examining veterinarian's name or veterinary hospital: Dr. Daniel Randall	
Co-Owner name: Carl George		Mailing address: 20 Rayford Ln		City: Greenville	
Mailing address: 250 Thompson Rd		State: SC		Zip/postal code: 29609	
City: Taylors		State: SC		Zip/postal code: 29609	
Phone: 864-230-9465		E-mail: ggl.george@gmail.com		Phone: 864-233-4347	
		E-mail: foothillsvet@gmail.com			

I hereby certify that the information submitted is of 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 abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner).

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

bilateral
 unilateral: right left
 luxated: medial lateral
 luxation is: intermittent permanent
 age of onset: < 2 months 2-6 months
 6-12 months > 12 months

3. Classification of luxation

Grade 1—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
 Grade 2—There is frequent patellar luxation which, in some cases becomes more or less permanent.
 Grade 3—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
 Grade 4—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I certify that the examination was performed according to the OFA procedure.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature _____

Specialty: Practitioner, Specialist

Date **1/20/16**

Fees Animals over 12 months.....\$15.00 each
 A litter of 3 or more submitted together\$30.00 total

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rate:

Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 individuals \$7.50 each

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 _____

Exp Date _____

CVV (security code) _____

4/11/12

Affected dogs and resubmits are no charge

Office Use Only
 APPL _____
 RAD _____
 CK _____



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

Office Use Only

Application for Congenital Cardiac Database

Registered name: _____ Registration number: ARC CKC Other registry name: _____
 Breed: Australian Labradoodle Sex: Male Date of Birth (month-day-year): 12-02-2015
 ID Number (if any): 837 030 520 Tattoo Microchip Registration number of sire: ALCA Registration number of dam: ALCA
 Owner name: Corace George Co-Owner name: Carl George Examining veterinarian's name or veterinary hospital: Dr. Daniel Randall Date of Evaluation (mm/dd/yy): 01-20-16
 Mailing address: 250 Thompson Rd City: Taylors State: SC Zip/postal code: 29687 City: Greenville State: SC Zip/postal code: 29609
 Phone: 864-230-9465 E-mail: gg1.george@gmail.com Phone: 864-233-4347 E-mail: foothillsvet@gmail.com

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes . The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public .
INITIAL → <input type="text"/>	INITIAL → <input type="text"/>

Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

- Timings: systolic diastolic continuous
- Point of maximal intensity:
- Mitral valve area Aortic or subaortic area
 - Pulmonary valve area Tricuspid valve area
 - Other location: _____
 - Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

- pulse/continuous wave left apical/subcostal
- Summary evaluation and opinion of the examiner:**
- Normal cardiovascular examination—congenital heart disease is not evident
 - Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
 - Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below: _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature: _____ Specialty: Practitioner, Specialist, Cardiologist Date: 1/20/16

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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 _____ Exp Date _____ CVV (security code) _____

Affected Animals, Statistical Data Submission and Resubmissions at No Charge