



# 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

Call Name:	<b>MR. PICKLE</b>
Registered Name:	<b>KISSME WITH RELISH</b>
Sex/Breed:	<b>M MINIATURE AMERICAN SHEPHERD</b>
Microchip/Tattoo:	<b>985141002376585</b>
Registration No:	<b>DN49765601</b>
Date of Birth:	<b>04/13/2017</b>
Owner Name:	<b>JUDY CHALLINGER</b>
Co-owner Name:	
Owner Address:	<b>PO BOX 140</b>
City/State/Postal:	<b>VINA CA 96092</b>
Email:	<b>judy@kissmekennels.com</b>
Telephone:	<b>530-228-2207</b>

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. **I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.**

Signature of owner or authorized agent/representative

**09/14/2020**

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

**NICK FABER, DVM, DACVO 230 09/14/2020**

Signature/ACVO#/Date

Exam registration number: **20MKZ2**



## Companion Animal Eye Registry (CAER)

RIGHT EYE		LEFT EYE	
CORNEA			
GLOBE			
microphthalmos			
keratoconjunctivitis sicca			
glaucoma			
EYELIDS			
entropion			
ectropion			
distichiasis			
ectopic cilia			
imperforate lacrimal punctum			
NICITANS			
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			
LENS			
anterior cortex			
posterior cortex			
equatorial cortex			
anterior sutures			
posterior sutures			
nucleus			
capsular			
generalized/incomplete			
resorbing/hypermature			
Significance Unknown/Suspect Not Inherited			
subluxation/luxation			
VITREOUS			
PHPV/PHTVL			
persistent hyaloid artery			
degeneration			

Ophthalmologist:	<b>NICK FABER, DVM, DACVO</b>
Clinic Name:	
ACVO #:	<b>230</b>
Phone:	

RIGHT EYE		LEFT EYE	
FUNDUS			
retinal detachment			
retinal atrophy - generalized			
retinopathy			
retinal dysplasia			
choroidal hypoplasia			
coloboma			
optic nerve coloboma			
optic nerve hypoplasia			
micropapillia			

OTHER CONDITIONS	
Unlisted conditions suspected as <b>Inherited</b> . Describe in comments	
Unlisted conditions suspected as <b>not inherited</b> .	

<input checked="" type="checkbox"/>	<b>NORMAL</b>	<input checked="" type="checkbox"/>
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Comments
