



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)

Optic
Optic
City:
Phone:
Email:

Dr. Charles M. Stuhr EC202
Animal Eye Clinic
783 Danbury Rd
Wilton, CT 06897

al code:

Call name: **Verre**
Registered name: **Cabin's Vera Bradley at JRM's**
Breed: **Labradore** Sex: **F**

Microchip/tattoo: **5507979101** ☒ AKC ☐ other

Registration Number: **090718** ☐ other

Date of Birth (mm/dd/yy): **012021** Date of Exam (mm/dd/yy):

Owner Name: **Joyce Mathussek** Phone: **800 798 0953**

Co-Owner Name: **Smith LA** City: **Burlington** State: **CT** Zip/postal code: **06013**

E-Mail (use both lines if needed): **Smith LA**

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: **Joyce Mathussek**

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) _____

☐ DID verify microchip/tattoo on this dog
☐ 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: **JRM** ACVO # **202** Date: **1-20-21**

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



708586

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

© American College of Veterinary Ophthalmologists

2/12/20

RIGHT EYE		GLOBE		LEFT EYE	
☐ microphthalmos	☐	☐ keratoconjunctivitis sicca	☐	☐ glaucoma	☐
☐ EYELEIDS	☐	☐ 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	☐
☐ free floating	☐	☐ single	☐	☐ multiple	☐
☐ multiple	☐	☐ free floating	☐	☐ single	☐
☐ endothelial opacity/no strands	☐	☐ lens pigment foci/no strands	☐	☐ iris sheets	☐
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