



Orthopedic Foundation for Animals
 2300 E Niang 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)

Registered name: Pazzling Queen Willow
 Breed: Standard Poodle Sex: F
 ID Number (if any): Tattoo Microchip

Ophthalmologist Name: Dr. Paul E. Miller EC129
 Ophthalmologist Address: University of Wisconsin
 City: Madison, WI State: WI Zip/postal code: 608-263-5066
 Phone: 608-263-5066
 Email:

owner/owner may allow which permits the OFA to release non-passing results to the public.

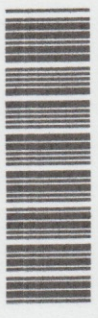
Signature of owner or authorized agent/representative
Barbara Bell

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) SB

- 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
 - 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.



360474

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

	RIGHT EYE	GLOBE	LEFT EYE	
CORNEA	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy UVEA <input type="checkbox"/> uveal cyst	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris <input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple <input type="checkbox"/> uveal melanoma <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma
LENS	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating	
CATARACT	<input type="checkbox"/> Incomp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc.	<input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P	
VITREOUS	<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<input type="checkbox"/> subluxation/luxation <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber	

	RIGHT EYE	FUNDUS	LEFT EYE
OTHER CONDITIONS	<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
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"/>
MICROPAPILLAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

NORMAL

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

Signature: Paul E. Miller ACVO # 129 Date: 21 Nov 2017
 Diplomat, American College of Veterinary Ophthalmologists

Comments: