Companion Animal Eye Registry (CAER)

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: CoCo	Coat Color: Black/Tan
Registered name: CH Rejoice's All About Me	
Breed: Cocker Spaniel	Sex: F
ID Number (if any): ☐ Tattoo ☒ Microchip: 956000015179760	
Registration Number: ☒ AKC ☐ Other: SS27235101	
Date of Birth (mm/dd/yy): 052621	Date of Exam (mm/dd/yy): 010725

Owner Name: Lisa Gaertner	
Co-Owner Name: Sandra Martinone	Phone: 973-277-1434
Owner Address: 84 Vine Ave	
City: W. Milford	State: NJ Zip/postal code: 07480
E-Mail (use both lines if needed): Lisa@Pinecliffcockers.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.

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 _____ ACVO # 202 Date 1/7/25

Diplomate, American College of Veterinary Ophthalmologists

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

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	☐
☐	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	
☐ Grades 2-6 ☐ Grade 1	PHPV/PHTVL	Grade 1 ☐ Grades 2-6 ☐
☐	persistent hyaloid artery	☐
☐ ☐	degeneration	☐ ☐

CORNEA (T/N/A/P) — CATARACT (T/N/A/P)

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

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

LENS: Incomp. / Incip. / Punc.

Ophthalmologist Name:	
Ophthalmologist Address:	
City: Dr. Charles M. Stuhr EC 202 Animal Eye Clinic	State: Zip/postal code:
Phone: 203-762-9399	ACVO #:
Email:	

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

05/02/23

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