



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

Registered name: BONJOM'S AIDAN N' ABETTING
 Breed: Std. Poodle Sex: M

ID Number (if any): Tattoo Microchip
098032067
 Registration Number: AKC Other
PR12069201

Date of Birth: 071308 Date of Exam: 082613

Owner name: Bonnie Lee Buckley
 [Redacted]

E-Mail (use both lines if needed):
pude1paw@yahoo.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. (signature of owner or authorized representative)
B Buckley

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
- 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.

Visa/Master Card Number _____
 Name on card _____
 Expiration Date _____ CVV _____

9/12/12 **019649**

Application for Eye Database

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
 exposure/pigmentary keratitis

UVEA

uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma

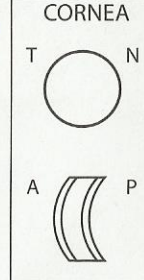
persistent pupillary membranes

LENS

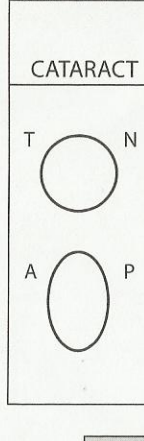
CATARACT	Incomp.	Incip.	Puric.	Puric.	Incip.	Incomp.	CATARACT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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VITREOUS

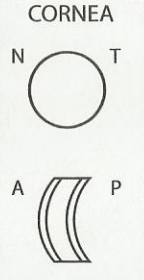
PHPV/PTVL
 persistent hyaloid artery
 degeneration



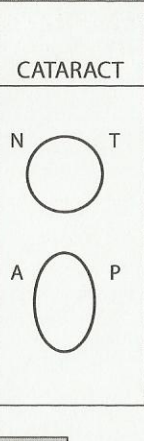
endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris



ant. chamber
 syneresis



ant. chamber
 iris
 ciliary body
 iris to iris
 iris to lens
 iris to cornea
 iris sheets
 lens pigment foci/no strands
 endothelial opacity/no strands



syneresis
 ant. chamber

Veterinarian name: _____
 Veterinarian: Dr. Ruth Marrion EC203
 City: Bulger Veterinary Hospital
 Phone: _____
 Email: 247 Chickering Rd
N. Andover, MA 01845

RIGHT EYE **FUNDUS** LEFT EYE

<input type="checkbox"/> detached	<input type="checkbox"/> retinal detachment <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic
<input type="checkbox"/> geographic	<input type="checkbox"/> retinopathy <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> folds	<input type="checkbox"/> geographic
<input type="checkbox"/> folds	<input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> coloboma <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic
<input type="checkbox"/> detached	<input type="checkbox"/> optic nerve coloboma <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic
<input type="checkbox"/> detached	<input type="checkbox"/> micropapilla <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> micropapilla <input type="checkbox"/>	<input type="checkbox"/> folds	<input type="checkbox"/> geographic

OTHER CONDITIONS

Unlisted conditions suspected as **inherited**. Describe in comments

Unlisted conditions suspected as **not inherited**

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: Ruth Marrion Date: 8/26/13
 Diplomat, American College of Veterinary Ophthalmologists

Comments: _____

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomat copy

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