Companion Animal Eye Registry (CAER)

Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Email: ofa@offa.org
www.ofa.org, A not-for-profit organization

Call name: Tyson
Registered name: Salish'POR Boingh The Heat at Lonepine
Breed: MAS Sex: M
ID Number (if any): ☐ Tattoo ☑ Microchip: 956000001404854 2
Registration Number: ☐ AKC ☐ Other: DN73770803
Date of Birth (mm/dd/yy): 101022 Date of Exam (mm/dd/yy): 012426

Owner Name: Kelli Reichert
Co-Owner Name: Phone: 2187668553
Owner Address: PO Box 321
City: Kalama State: WA Zip/postal code: 98625
E-Mail (use Both lines if needed): lonepineaussies@yahoo.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.

Kelli Reichert
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 #	Date
amy m kroll	345	1/24/26

Diplomate, American College of Veterinary Ophthalmologists

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

880761

Ophthalmologist Name: Amy Knollinger
Ophthalmologist Address: 524 A Cove Canyon Drive
City: Park City State: Utah Zip/postal code: 84098
Phone: 801.557.9456 ACVO #: 345
Email: amknollinger1972@gmail.com

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	☐
☐	iris sphincter dysplasia	☐
☐	pigmentary uveitis	☐
☐	persistent pupillary membranes	☐
	LENS	
	Incomp. / Incip. / Punc.	Punc. / Incip. / Incomp.
☐ ☐ ☐	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	
☐	PHPV/PHTVL	☐
☐	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; free floating; single; multiple

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

11/18/21

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