

Ophthalmologist Name: _____
 Ophthalmologist Address: **Corbin Telford EC 705**
 Animal Eye Clinic
 Matthews, NC
 Phone: 704-844-8600 #:
 City: _____ Zip/postal code: _____
 Email: _____

Call name: **Sybil** Sex: **F**
 Registered name: **Recherch's Downton Sybil Bernedoodle**
 ID Number (if any): Tattoo Microchip
93300320792184
 Registration Number: AKC Other
 Date of Birth (mm/dd/yy): **12/22/24**

Owner Name: **Jamei Hamka**
 Co-Owner Name: _____
 Owner Address: **174 Carydell Ln**
 City: **Spatesville** State: **NC** Zip/postal code: **28677**
 E-Mail (use both lines if needed): **m.e.k.e.l.c.o.i.c@y.e.c.h.e.r.c.h**
e.k.e.p.n.e.i.s.c.o.m

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: *Juliea Ch...*
 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) **de**

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: _____ Date: **12/24/24**
 ACVO # **705**
 Diplomate, American College of Veterinary Ophthalmologists

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



943652

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

CORNEA
 T N
 A P
 endothelial opacity/no strands
 lens pigment focil/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free float/rupt.
 single
 multiple

CATARACT
 T N
 A P
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 Incip. Pup. Incip.
 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
 ant. chamber
 synechias
 degeneration

RIGHT EYE **FUNDUS** **LEFT EYE**
 detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 CMR/CMR-like retinopathy
 other presumed inherited retinopathy
 retinal dysplasia
 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: _____

