



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: Rusty

Registered name: Shady Grove Rusty

Breed: Cavalier | Sex: Male

Microchip/Tattoo: 991003000649175

Registration Number: AKC | Other: T547316703

Date of Birth (mm/dd/yy): 080920 | Date of Exam (mm/dd/yy): 041421

Owner Name: Shady Grove Acres

Co-Owner Name: | Phone: 330-275-2434

Owner Address: 4318 TR 369

City: Millersburg | State: VA | Zip/postal code: 24654

E-Mail (use both lines if needed):

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...

Signature of owner or authorized agent/representative: Jason York

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

Signature: M.B. | ACVO #: 325 | Date: 4/14/21

Diplomate, American College of Veterinary Ophthalmologists

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



Companion Animal Eye Registry (CAER)

Mark Bobofchak, DVM, DACVO

Ophthalmologist Name: EC325
Ophthalmologist Address: Eye Care for Animals
City: | State: | Zip/postal code:
Phone: | ACVO #:
Email:

Eye examination form including sections for Right Eye, Left Eye, Cornea, Nictitans, Uvea, Lens, and Vitreous, with various checkboxes for conditions.

Additional eye examination sections for Right Eye, Left Eye, Fundus, and Other Conditions, including checkboxes for retinal detachment, choroidal hypoplasia, and unlisted conditions.

NORMAL

Comments section with multiple horizontal lines for text entry.