

Auckland Animal Eye Centre

Ophthalmic Examination Certificate



Patient No: 9416

Date of Examination: 07/08/13

Owner: Denise Roberts

Address: 576 Woodcock Road

R.D.1 Warkworth

Breed: Lab

Age / DOB: 22/04/12

Patient: Tika

K.C. Name: Sandastre Waltzing Matilda

K.C. No: 3100275047 (For Aust)

Chip: 956 000002467529 @

Sex: F Colour: Yellow

I/we hereby declare that the dog submitted for examination is the dog described.

Previous Examination: Affected: ☐ Not Affected: ☐ Unknown: ☐ Not Examined: ☒

Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X
Other: _____

Regions:

Not Affected
Undetermined
Affected

Eyelids

Cornea

Lens

Fundi

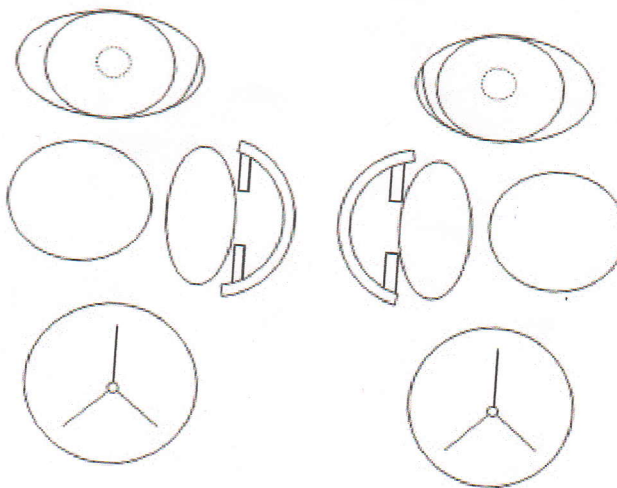
Other

☒	☒	☒	☒	☒
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Comments

R

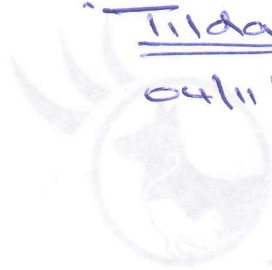
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Annual Re-examination
Recommended

Signed: P. N. Collinson
BVSc, MVS, FRCVSc

18 Barrack Road, Mt Wellington, Auckland 1060, New Zealand
Ph (09) 5277697, Fax (09) 5277690, Email: eyevet@xtra.co.nz



"Tilda" Roberts
04/11/2014

Normal - done ok

[Signature]

Date of examination: 04/11/14

Patient No: 2412

Patient: T.N.
K.C. Name: Contracte Wally M. Phipps
K.C. No: 310033204 (2. Aug)
Chip: P2P 00000247229
Sex: I Colour: Yellow

Owner: Donna Roberts
Address: 276 Woodcock Road
R.D. 1, Warkworth
Breed: Lab
Age / DOB: 22/04/12

I/we hereby declare that the dog submitted for examination is the dog described.

Previous Examination: Affected: ☐ Not Affected: ☒ Unknown: ☐ No Examination: ☐

Examination Techniques: Indirect Ophthalmoscopy, X, Mydriatic X
Other: ☐

Regions:	Not Affected	Undetermined	Affected
eyelids	☒	☐	☐
Cornea	☒	☐	☐
Lens	☒	☐	☐
Fundi	☒	☐	☐
Other	☒	☐	☐

Comments



Signed: [Signature]
R. N. Collins
BVSc, MVS, FRCVS

Annual Re-examination Recommended



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

Companion Animal Eye Registry (CAER)

Dr. Art J. Quinn EC057
210 Cedar Lane
Sand Springs, OK 74063

ip/postal code:

Registered name: Female Bloodstock
Breed: Quarter Horse Sex: M

ID Number (if any): 032264065 ☐ Tattoo ☒ Microchip

Registration Number: SR50613801 ☐ AKC ☐ Other

Date of Birth: 052108 Date of Exam: 052414

Owner/Co-owner Name: Quinn, Art J.

Co-Owner Name: Quinn, Art J. Phone: 918-653-5002

Owner Address: 17390 Wier Ave State: OK Zip/postal code: 74939

City: Norman E-Mail (use both lines if needed):

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 agent/representative: [Signature]

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
- Litter of 3 or more submitted together \$30.00
- Kernel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person, \$7.50 ea.
- 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.

To pay by Credit Card, see the back of the WHITE sheet.

6/26/13

165762

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

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RIGHT EYE		GLOBE	LEFT EYE	
☐ microphthalmos	☐		☐ microphthalmos	☐
☐ keratoconjunctivitis sicca	☐		☐ keratoconjunctivitis sicca	☐
☐ glaucoma	☐		☐ glaucoma	☐
EXENTIDS			EXENTIDS	
☐ entropion	☐		☐ entropion	☐
☐ ectropion	☐		☐ ectropion	☐
☐ distichiasis	☐		☐ distichiasis	☐
☐ ectopic cilia	☐		☐ ectopic cilia	☐
☐ imperforate lacrimal punctum	☐		☐ imperforate lacrimal punctum	☐
NYCTITANS			NYCTITANS	
☐ cartilage anomaly/eversion	☐		☐ cartilage anomaly/eversion	☐
☐ gland prolapse	☐		☐ gland prolapse	☐
☐ plasmoma/atypical pannus	☐		☐ plasmoma/atypical pannus	☐
CORNEA			CORNEA	
☐ dystrophy — epithelial/stromal	☐		☐ dystrophy — epithelial/stromal	☐
☐ dystrophy — endothelial	☐		☐ dystrophy — endothelial	☐
☐ pannus	☐		☐ pannus	☐
☐ exposure/pigmentary keratitis	☐		☐ exposure/pigmentary keratitis	☐
UVEA			UVEA	
☐ uveal cyst	☐		☐ uveal cyst	☐
☐ iris coloboma	☐		☐ iris coloboma	☐
☐ iris hypoplasia	☐		☐ iris hypoplasia	☐
☐ iris sphincter dysplasia	☐		☐ iris sphincter dysplasia	☐
☐ pigmentary uveitis	☐		☐ pigmentary uveitis	☐
☐ uveal melanoma	☐		☐ uveal melanoma	☐
LENS			LENS	
☐ persistent pupillary membranes	☐		☐ persistent pupillary membranes	☐
☐ endothelial opacity/no strands	☐		☐ endothelial opacity/no strands	☐
☐ lens pigment foci/no strands	☐		☐ lens pigment foci/no strands	☐
☐ iris sheets	☐		☐ iris sheets	☐
☐ iris to cornea	☐		☐ iris to cornea	☐
☐ iris to lens	☐		☐ iris to lens	☐
☐ iris to iris	☐		☐ iris to iris	☐
CATARACT			CATARACT	
☐ Incomp.	☐		☐ Incomp.	☐
☐ Incip.	☐		☐ Incip.	☐
☐ Punc.	☐		☐ Punc.	☐
☐ anterior cortex	☐		☐ anterior cortex	☐
☐ posterior cortex	☐		☐ posterior cortex	☐
☐ equatorial cortex	☐		☐ equatorial cortex	☐
☐ anterior sutures	☐		☐ anterior sutures	☐
☐ posterior sutures	☐		☐ posterior sutures	☐
☐ nucleus	☐		☐ nucleus	☐
☐ capsular	☐		☐ capsular	☐
☐ generalized/complete	☐		☐ generalized/complete	☐
☐ resorbing/lypermature	☐		☐ resorbing/lypermature	☐
significance of cataract unknown			significance of cataract unknown	
☐ subluxation/luxation	☐		☐ subluxation/luxation	☐
VITREOUS			VITREOUS	
☐ PHPV/PTVL	☐		☐ PHPV/PTVL	☐
☐ persistent hyaloid artery	☐		☐ persistent hyaloid artery	☐
☐ degeneration	☐		☐ degeneration	☐
☐ ant. chamber	☐		☐ ant. chamber	☐
☐ syneresis	☐		☐ syneresis	☐

RIGHT EYE	FUNDUS	LEFT EYE
☐ detached	☐	☐
☐ geographic	☐	☐
☐ folds	☐	☐
☐ retinal detachment	☐	☐
☐ retinal atrophy—generalized	☐	☐
☐ retinopathy	☐	☐
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
☐ 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: A.J. Quinn ACVO # 0584-14 Date: 0524-14
Diplomat, American College of Veterinary Ophthalmologists

Comments: