



# 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

## Application for Eye Database

Registered name: Western Hills Gotmy mindset on u

Breed: Australian Shep Sex: m

ID Number (if any):  Tattoo  Microchip

Registration Number: 981020001387669

Registration Number:  AKC  Other

Date of Birth: 010207 Date of Exam: 021914

Owner name: Heidi Mobley

Owner Address: 4081 Culp Branch

City: Sanger State: TX Zip/postal code: 75783

E-Mail (use both lines if needed): whaussies@gmail.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)

Heidi Mobley

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

037553

Veterinaria \_\_\_\_\_

Veterinaria \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dr. Rachel D. Ring EC201  
Animal Ophthalmology Clinic  
4444 Trinity Mills Rd Ste 201  
Dallas, TX 75287

ACVO #: EC201

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**

anterior cortex

posterior cortex

equatorial cortex

anterior sutures

posterior sutures

nucleus

capsular

generalized/complete

resorbing/hypermature

significance of cataract unknown

subluxation/luxation

**VITREOUS**

PHPV/PTVL

persistent hyaloid artery

degeneration

Form with diagrams for CORNEA, UVEA, LENS, and VITREOUS, including checkboxes for various conditions and anatomical features.

RIGHT EYE **FUNDUS** LEFT EYE

Form for FUNDUS examination with checkboxes for retinal detachment, atrophy, retinopathy, and dysplasia.

Form for OTHER CONDITIONS with checkboxes for choroidal hypoplasia, coloboma, optic nerve anomalies, and micropapilla.

Form for NORMAL results with checkboxes for microchip/tattoo verification.

Form for Signature and Date, including a box for comments.

Form for Comments section with multiple lines for text entry.