



# 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

Registered name: Western Hills Get Happy  
 Breed: Australian Shepherd Sex: Male  
 ID Number (if any):  Tattoo  Microchip  
 Registration Number:  AKC  Other ASCA  
E174131  
 Date of Birth: 072311 Date of Exam: 020814  
 Owner name: Heidi and Mackenzie Mobley  
 Owner Address: 9081 Culp Branch Road  
 City: Sanger State: TX Zip/postal code: 76266  
 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

## Application for Eye Database

RIGHT EYE		GLOBE		LEFT EYE	
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>		<input type="checkbox"/>	
EYELIDS					
<input type="checkbox"/>	entropion	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	ectropion	<input type="checkbox"/>		<input type="checkbox"/>	
CORNEA					
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>		<input type="checkbox"/>	
NICTITANS					
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>		<input type="checkbox"/>	
CORNEA					
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	pannus	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>		<input type="checkbox"/>	
UVEA					
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>		<input type="checkbox"/>	
persistent pupillary membranes					
CATARACT		LENS		CATARACT	
<input type="checkbox"/>	incorp.	<input type="checkbox"/>	incorp.	<input type="checkbox"/>	incorp.
<input type="checkbox"/>	incip.	<input type="checkbox"/>	incip.	<input type="checkbox"/>	incip.
<input type="checkbox"/>	punc.	<input type="checkbox"/>	punc.	<input type="checkbox"/>	punc.
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	nucleus	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	capsular	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>		<input type="checkbox"/>	
VITREOUS					
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery degeneration	<input type="checkbox"/>		<input type="checkbox"/>	

Veterinarian name: Nicholas J. Millichamp, BVetMed, PhD  
 Veterinarian Address: DVOphthal, DipECVO, MRCVS, DACVO (EC67)  
Joan Dziezyc, DVM, DACVO (EC89)  
 City: Central TX Veterinary Ophthalmology  
 Phone: College Station, TX  
 Email: \_\_\_\_\_

RIGHT EYE		FUNDUS		LEFT EYE	
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>		<input type="checkbox"/>	
retinal dysplasia					
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	coloboma	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>		<input type="checkbox"/>	
OTHER CONDITIONS					
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments				<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited				<input type="checkbox"/>

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: [Signature] Date: 2-8-14

Diplomate, American College of Veterinary Ophthalmologists

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_