



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

Registration form with fields for name, breed, ID number, registration number, date of birth, owner name, address, and email.

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

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
Kennel Rate—Minimum of 5 individuals submitted as a group, \$7.50 ea.



OFA Health Clinic Discount
Clinic Rate: \$7.50
Club: Jersey Skylands Labrador Retriever Club
Date: 1/29/17
Valid on: OFA Cardiac, Eye and Thyroid exams

drawn on opepic

E sheet.

Companion Animal Eye Registry (CAER)

Main eye examination form with sections for Right Eye and Left Eye, including GLOBE, EYELIDS, CORNEA, NICTITANS, UVEA, LENS, and VITREOUS.

Ophthalmologist information form including name, address, city, phone, and email.

Additional eye examination sections including Fundus, Retinal conditions, and Other conditions.

NORMAL

Verification checkboxes for microchip/tattoo and inheritance status.

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

Signature and Date fields for the ophthalmologist.

Comments section for additional notes.