



# 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:
Registered Name: <b>ELITE QUALITY SAMMY</b>
Sex/Breed: <b>M POODLE MINIATURE</b>
Microchip/Tattoo: <b>990000001885317</b>
Registration No: <b>PR21956701</b>
Date of Birth: <b>06/07/2017</b>
Owner Name: <b>ALVIN BRENNEMAN</b>
Co-owner Name:
Owner Address <b>5084 WEST 400 NORTH</b>
City/State/Postal: <b>PORTLAND IN 47371</b>
Email: <b>alvin.tina2@gmail.com</b>
Telephone: <b>260-438-8311</b>

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. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. **I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.**

Signature of owner or authorized agent/representative

**09/29/2020**

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

**DR. WENDY TOWNSEND 254 09/29/2020**

Signature/ACVO#/Date

Exam registration number: **20HL2K**



Owner: Take this form to the exam if you want to take away a hardcopy. Full results will be sent to your email address following the exam. Instructions on submitting the results of this exam to the OFA public database will be included in the email.

## Companion Animal Eye Registry (CAER)

RIGHT EYE				LEFT EYE			
CORNEA							
GLOBE							
microphthalmos							
keratoconjunctivitis sicca							
glaucoma							
EYELIDS							
entropion							
ectropion							
distichiasis							
ectopic cilia							
imperforate lacrimal punctum							
NICITANS							
cartilage anomaly/eversion							
gland prolapse							
plasmoma/atypical pannus							
CORNEA							
dystrophy - epithelial/stromal							
dystrophy - endothelial							
pannus							
pigmentary keratitis/keratopathy							
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/incomplete							
resorbing/hypermature							
Significance Unknown/Suspect Not Inherited							
subluxation/luxation							
VITREOUS							
PHPV/PHTVL							
persistent hyaloid artery							
degeneration							

Ophthalmologist: <b>DR. WENDY TOWNSEND</b>
Clinic Name:
ACVO #: <b>254</b>
Phone:

RIGHT EYE				LEFT EYE			
FUNDUS							
retinal detachment							
retinal atrophy - generalized							
retinopathy							
retinal dysplasia							
choroidal hypoplasia							
coloboma							
optic nerve coloboma							
optic nerve hypoplasia							
micropapillia							

OTHER CONDITIONS			
Unlisted conditions suspected as <b>Inherited</b> . Describe in comments			
Unlisted conditions suspected as <b>not inherited</b> .			

**X** **NORMAL** **X**

Comments
