Companion Animal Eye Registry (CAER)

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: ZAC
Registered name: CH. SHAR-JAM ZAC POSEN
Breed: Labrador Retriever Sex: Male
Microchip/Tattoo: 956000005207771
Registration Number: ☒ AKC ☐ Other SR96605101
Date of Birth (mm/dd/yy): 12/6/6 Date of Exam (mm/dd/yy): 01/30/22

Owner Name: Sharon Celentano
Co-Owner Name: James Celentano Phone: 845-564-6509
Owner Address: 9 Moonlight DRIVE
City: Wallkill State: NY Zip/postal code: 12589
E-Mail (use both lines if needed): SHARJAMLABS@HVC.RR.COM

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.

Sharon Celentano
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) _____

☒	**I DID** verify microchip/tattoo on this dog
☐	**I DID NOT** verify microchip/tattoo on this dog
☐	**NO MICROCHIP/TATTOO PRESENT**

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

Signature	ACVO #	Date
Michael J Ringle	160	1/30/22

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY

728737

Ophthalmologist Name: Dr. Michael J. Ringle
Ophthalmologist Address: EC 160
City: Red Bank State: Zip/postal code:
Phone: 732-747-3636 ACVO #:
Email:

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	☐
☐	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/complete	☐
☐	resorbing/hypermature	☐
☐	***Significance Unknown/Suspect Not Inherited***	☐
☐	subluxation/luxation	☐
	VITREOUS	
☐	PHPV/PHTVL	☐
☐	persistent hyaloid artery	☐
☐	degeneration	☐

CORNEA (T N A P) — endothelial opacity/no strands; lens pigment foci/no strands; iris sheets; iris to cornea; iris to lens; iris to iris; free floating; single; multiple

CATARACT (T N A P) — Incomp. Incip. Punc.

RIGHT EYE	FUNDUS	LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	retinopathy	☐
☐ detached ☐ geographic ☐ folds	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** ☐

Comments

2/12/20

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