



**Orthopedic Foundation for Animals**  
 1300 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: Willow  
 Registered name: Awesome Little Willow  
 Breed: Tay Australizian Sheep Sex: F  
 Microchip/Tattoo: 990000001998919  
 Registration Number:  AKC  Other  
ASDTTX1700635  
 Date of Birth (mm/dd/yy): 122614 Date of Exam (mm/dd/yy): 031221

Owner Name: Ashley Edens  
 Co-Owner Name: \_\_\_\_\_ Phone: 616 22 2000

E-MAIL (USE OLD EMAIL IF NEEDED)  
ashleyedens10@gmail.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 the public and that the results of this exam 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 I may examine this dog at a future date.

Ashley Edens  
 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: [Signature] ACVO # 243 Date 3/13/21  
 Diplomate, American College of Veterinary Ophthalmologists

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

**Companion Animal Eye Registry (CAER)**

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"/>	
EVELIDS					
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NICITANS					
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<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>		<input type="checkbox"/>	
CORNEA					
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<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>		<input type="checkbox"/>	
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UVEA					
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