



# 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

Registered name:		
Breed:	Sex:	
ID Number (if any):	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Microchip
Registration Number:	<input type="checkbox"/> AKC	<input type="checkbox"/> Other
Date of Birth:	Date of Exam:	
Owner Name:		
Co-Owner Name:	Phone:	
Owner Address:		
City:	State:	Zip/postal code:
E-Mail (use both lines if needed):		

I hereby certify that the animal examined is the animal described on this application. I understand that these results will be submitted by the examining ophthalmologist to the OFA for statistical purposes, that no OFA number will be issued based on this exam, and that these results will not be released to the public.

Signature of owner or authorized agent/representative

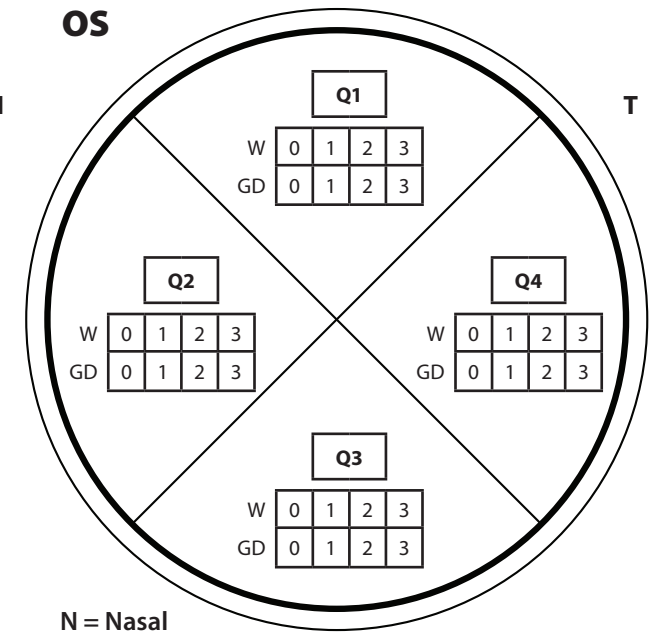
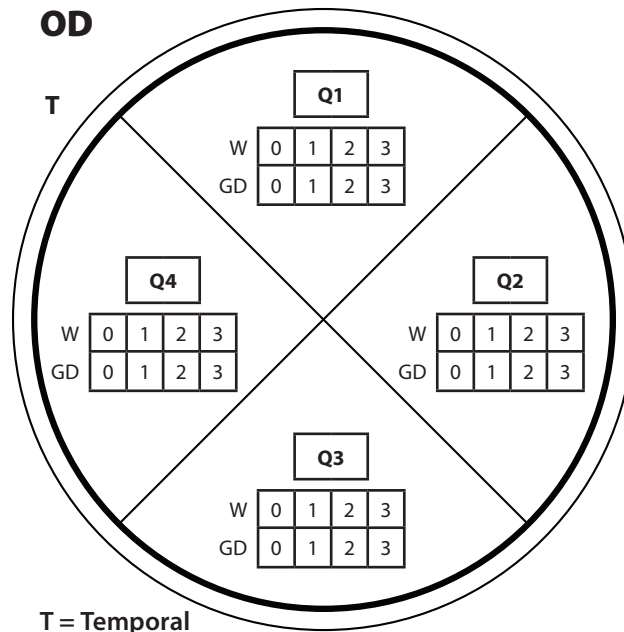
## Gonioscopy Lens Used:

Before Dilation     After Dilation

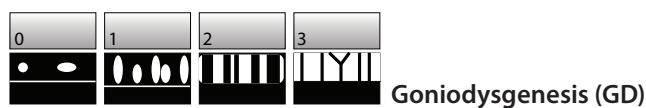
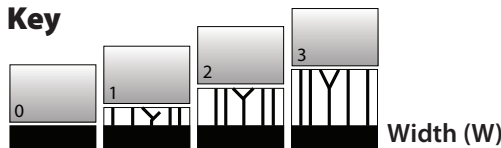
# ACVO/OFA Gonioscopy Exam Form

## Instructions

- Mark an X in the appropriate box for which quadrant is visualized for each eye (Q1, Q2, Q3, Q4)
- Mark an X in the appropriate box for width (W)
- Mark an X in the appropriate box for Goniodysgenesis (GD)



## Key



Normal = 3/3

Ophthalmologist Name:		
Ophthalmologist Address:		
City:	State:	Zip/postal code:
Phone:	ACVO #:	
Email:		

I certify that I have performed this examination.

Signature	ACVO #	Date
-----------	--------	------

Diplomate, American College of Veterinary Ophthalmologists

Comments


To the examining ophthalmologist: PLEASE RETURN THIS FORM TO THE OFA so the exam results can be included in the statistics.