# OFA

#### **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:	TRYST
Registered Name:	WESTLANE'S MIDNIGHT AFFAIR CA, BCAT, WC
Sex/Breed:	F LABRADOR RETRIEVER
Microchip/Tattoo:	956000013529142
Registration No:	SS22290301
Date of Birth:	11/02/2020
Owner Name:	JESSICA SMITH
Co-owner Name:	BRITTANY MADEWELL
Owner Address:	
City/State/Postal:	
Email:	westlanelabradors@gmail.com
Telephone:	-
I hereby certify that t	the animal examined is the animal described on this application,

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

#### 02/04/2023

Date of Exam (mm/dd/yyyy)

Х	I <b>DID</b> verify the microchip/tattoo on this dog.
	I DID NOT verify the microchip/tattoo on this dog.
	NO MICROCHIP/TATTOO PRESENT

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

### KENNETH PIERCE 392 02/04/2023

Signature/ACVO#/Date

Exam registration number:

23PYQ9

## **Companion Animal Eye Registry (CAER)**

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Ophthalmologist: KENNETH PIERCE						
Clinic Name:	VETERINARY VISION CENTER					
ACVO#:	392					
Phone:						

Commen	ts								
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			Unlis	ted conditions susp as <b>not inherited</b>					
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Comments
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