



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: **ATTOP COUGAR KAY**
 Breed: **LABRADOR RETRIEVER** Sex: **F**
 ID Number (if any): Tattoo Microchip
 Registration Number: **BLAK** Other
SR73287607
 Date of Birth: **052312** Date of Exam: **070313**
 Owner name: **ALAIN JETTE**
 Owner Address: **320 WHIMBEY**
 City: **ST-LAMBERT** State: **QC** Zip/postal code: **J4R 2A8**
 E-Mail (use both lines if needed):

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public. (Signature of owner or authorized 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)

OFA Eye Clearance Database

- Initial submission\$12.00
- Resubmits:\$8.00
- Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number

Name on card

Expiration Date CVV

9/12/12

0006224

Application for Eye Database

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"/>	
EYELIDS				
<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>	
NICTITANS				
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>	
CORNEA				
<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>	<input type="checkbox"/>	
UVEA				
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>	
persistent pupillary membranes				
LENS				
CATARACT		Incomp. Incip. Punc.	Punc. Incip. Incomp.	CATARACT
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VITREOUS				
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>	
degeneration				

Veterinarian name: **DR. ELISE LAPERRIERE**
 Veterinarian Address: **5860 AVENUE PAPINEAU**
 City: **MONTREAL** State: **QC** Zip/postal code: **H2T 1W2**
 Phone: **(514) 376-1886** ACVO #: **205**
 Email: **ANITOUSIA@QC.AIRA.COM**

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	
retinal dysplasia				
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	coloboma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER CONDITIONS				
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments			<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited			<input type="checkbox"/>

NORMAL

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

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

Signature: **Elise Laperriere** Date: **July 3, 2013**
 Diplomat, American College of Veterinary Ophthalmologists

Comments

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



AJTOP COUGAR KAY
registered name

SR73287607
registration no.

LABRADOR RETRIEVER
breed

F
sex

5/23/2012
date of birth

956000008369870
tattoo/microchip/DNA profile

33
age at evaluation in months

1636639
application number

LR-EL66900F33-VPI
O.F.A. NUMBER

3/20/2015
date of report

*This number issued with the right to correct or
revoke by the Orthopedic Foundation for Animals.*



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RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

NORMAL

owner

ALAIN JETTE
320 WHIMBEY
ST LAMBERT, QC J4R2A3
CANADA

G.G.KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



AJTOP COUGAR KAY
registered name

LABRADOR RETRIEVER
breed

956000008369870
tattoo/microchip/DNA profile

1636639
application number

3/20/2015
date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR73287607
registration no.

F
sex

5/23/2012
date of birth

33
age at evaluation in months

LR-213499E33F-VPI
O.F.A. NUMBER

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revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization

EXCELLENT

G.G.KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

owner

ALAIN JETTE
320 WHIMBEY
ST LAMBERT, QC J4R2A3
CANADA