



321-11051

Application for Eve Database

Diary Time: 3:10 pm

Veterinarian name:

Veterinarian Address:

City:

Phone:

Email:

Dr. Gwen Sila EC395

Blue Pearl Veterinary Partners

4126 Packard Rd

Ann Arbor, MI 48108

Registered name: Vitessse Glandor This M
Breed: Beoodle (Toy) Sex: M
ID Number (if any): Q181020005911276 ☐ Tattoo ☒ Microchip
Registration Number: Q215676001 ☒ WHC ☐ Other
Date of Birth: 09/13/20 Date of Exam: 04/04/23

if Moment

Owner name: Knoble, Preston
 Owner address: 8815 Country Lane Rd
 City: Annville State: PA Zip/postal code: 17010
 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 DPA to release non-passing results of 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)

- Initial submission\$12.00
- Resubmits:\$8.00
- Submission of non-passing results in the open database:

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/MasterCard Number

Name on card

Expiration Date

CM

RIGHT EYE		GLOBE	LEFT EYE
<p>patient</p>		<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> exposure/pigmentary keratitis UYEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> exposure/pigmentary keratitis UYEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma
<p>endothelial opacity/no strands lens pigment foci/no strands iris sheets iris to cornea iris to lens iris to iris</p>		<input type="checkbox"/> ciliary body <input type="checkbox"/> iris <input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber <input type="checkbox"/> iris <input type="checkbox"/> ciliary body
<p>CATARACT</p> <p>Incomp. Incip. Punc. Incip. Incomp.</p> <p>anterior cortex posterior cortex equatorial cortex anterior sutures posterior sutures nucleus capsular generalized/complete resorbing/hypermature significance of cataract unknown</p>		<p>persistent pupillary membranes</p> <p>LENS</p>	<p>CATARACT</p> <p>Incomp. Incip. Punc. Incip. Incomp.</p> <p>anterior cortex posterior cortex equatorial cortex anterior sutures posterior sutures nucleus capsular generalized/complete resorbing/hypermature significance of cataract unknown</p>

		RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached				
<input type="checkbox"/> geographic				
<input type="checkbox"/> folds				
	<input type="checkbox"/> retinal detachment			
	<input type="checkbox"/> retinal atrophy—generalized			
	<input type="checkbox"/> retinopathy			
	retinal dysplasia			
<input type="checkbox"/> folds				
<input type="checkbox"/> geographic				
<input type="checkbox"/> detached				

<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/> coloboma	<input type="checkbox"/>
<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/> microphthalmia	<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

Date _____

Diplomate, American College of Veterinary Ophthalmologists

Comments



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

www.offa.org

A Not-For-Profit Organization

Office
Use
Only
 APPL _____
 RAD _____
 CK _____
 SIG _____
 ACK _____
 RPT _____

Application for Patellar Luxation Database

※ Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers ※

 previous application number (if any) _____
 registered name Vitresse This Magic Moment
 breed Toy Poodle
 ID number (if any) 981020005911876 ☐ Tattoo ☒ Microchip

 registration number PR16676001 ☒ AKC ☐ OKC ☐ Other _____
 sex Male Color Brown
 date of birth (month-day-year) 08/13/12
 registration number of sire PR15047201 registration number of dam PR11606702

* The OFA has adopted a policy, effective January 1, 2001, acknowledging animals that have been submitted for inclusion in our databases that have permanent identification in the form of microchip or tattoo. Animals not permanently identified will continue to be evaluated; however, they will be issued a number clearly indicating that the animal has no permanent identification.

 owner name Angela Buckman
 co-owner name _____
 mailing address 8811 S. Co. Line Rd
Henryville IN 47126
 city state/province zip/postal code
812-987-6738 anguh@hotmail.com
 phone email

 date of examination (month-day-year) 04/02/13
 veterinarian's name or veterinary hospital Pondview Veterinary Clinic
20484 SH 2
 mailing address
Archbold OH 43502
 city state/province zip/postal code
419-445-0207 n/a
 phone email

I hereby certify that the information submitted is of 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 abnormal results to the public.

Signature of owner or authorized representative Angela Buckman

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal _____ (initials of registered owner).

Patellar Examination Results

1. Normal

☒ right ☒ left

2. Patellar Luxation

☐ bilateral
☐ unilateral: ☐ right ☐ left
☐ luxated: ☐ medial ☐ lateral
luxation is: ☐ intermittent ☐ permanent
 age of onset: ☐ < 2 months ☐ 2-6 months
☐ 6-12 months ☐ > 12 months

3. Classification of luxation

- ☐ Grade 1—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- ☐ Grade 2—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- ☐ Grade 3—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- ☐ Grade 4—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I hereby certify that the examination was performed according to the OFA procedure.

Veterinarian Signature [Signature]Specialty VetDate 4/2/13

Fees

Animals over 12 months \$15.00 each

A litter of 3 or more submitted together \$30.00 total

Kennel rate:

Individuals submitted as a group, owned/co-owned by the same person

Minimum of 5 individuals \$7.50 each

See website for foreign funds policy.

※ Affected Animals and Resubmits at No Charge ※

Orthopedic Foundation for Animals Preliminary (Consultation) Report



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Organization

VITRESSE GLENDAR THIS MAGIC MOMENT
registered name

POODLE
breed

981020005911876
tattoo/microchip/DNA profile

1571967
application number

film/case no(s)

PR16676001
registration number

M
sex

8/13/2012
date of birth

7
age at evaluation in months

4/11/2013
date of report

Owner ANGELA BUCKMAN
8811 S CO LINE RD
HENRYVILLE, IN 47126

Veterinarian PONDVIEW VETERINARY CLINIC
20484 STATE HWY 2
ARCHBOLD, OH 43502-9450

Evaluations of Animals less than 12 months of age can be performed for private use of the owner.
However, certification will not be possible at this age.

OFA recommends that the test be repeated when the animal reaches 12 months of age.

Test: PATELLA

Results: NORMAL - PRACTITIONER

Sincerely,

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES



РОССИЙСКАЯ КИНОЛОГИЧЕСКАЯ ФЕДЕРАЦИЯ
RUSSIAN KINOLOGICAL FEDERATION

Юный Чемпион
РОССИИ
RUSSIAN JUNIOR CHAMPION

ПУДЕЛЬ ТОЙ

CANICHE MINIATURE (TOY)

VITRESSE GLENDAR THIS MAGIC MOMENT

RKF 3724771

06.07.2013 РОДИНА
21.07.2013 ШИЯН В.
21.07.2013 ШИЯН Т.
21.07.2013 КРАКОВСКАЯ

29.11.2013

Секретарь-кинолог РКФ / RKF Secretary

