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:	SUMMER
Registered Name:	LAKE LURE'S SUMMER RAIN
Sex/Breed: F	AUSTRALIAN LABRADOODLE
Microchip/Tattoo	981020031486036
Registration No:	ALAA079763
Date of Birth:	05/15/2019
Owner Name:	SHERRY GARNES
Co-owner Name:	
Owner Address	500 REEVES COVE RD
City/State/Postal:	CANDLER NC 28715
Email:	SHERRYMGARNES@GMAIL.COM
Telephone:	828-400-7402

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

02/11/2021

Date of Exam (mm/dd/yyyy)

Χ	I DID 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 ophthalogical examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

WHITNEY YOUNG 598 02/11/2021

Signature/ACVO#/Date

Exam registration number: 21SM6Q

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Companion Animal Eye Registry (CAER)

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