

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:	RIATA
Registered Name:	ANFARRA RIATA OF SECRET HAVEN
Sex/Breed:	F BORZOI
Microchip/Tattoo:	99000001210611
Registration No:	HE4007767
Date of Birth:	03/10/2020
Owner Name:	MICHELE FINK
Co-owner Name:	
Owner Address:	10769 HULBERT RD
City/State/Postal:	BRINSTON ON K0E 1C0
Email:	fink.michele@yahoo.ca
Telephone:	613-315-3813

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.

Signati	ure of owner or authorized agent/representative
Date o	f Exam (mm/dd/yyyy)
	I DID verify the microchip/tattoo on this dog.
	I DID NOT verify the microchip/tattoo on this dog.
	NO MICROCHIP/TATTOO PRESENT

pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

I certify that I have performed this ophthalmic examination using

Signature/ACVO#/Date

Exam registration number:



Companion Animal Eye Registry (CAER)

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Ophthalmologist:		
Clinic Name:		
ACVO #:		
Phone:		

	RIG	HT		EFT I	EYE	
		ㅁ	retinal detachment			
			retinal atrophy— generalized			
d hic			CMR/CMR-like retinopathy			hic d
☐ detached ☐ geographic	□ folds		other presumed inherited retinopathy		□ folds	☐ geographic ☐ detached
			retinal dysplasia			
			choroidal hypoplasia			
			coloboma			
			optic nerve coloboma			
			optic nerve hypoplasia			
			micropapilla			
			OTHER CONDITIONS			
			Unlisted conditions suspected as inherited . Describe in comments			
			Unlisted conditions suspected as not inherited			
			NORMAL			
Commen	ts					

03/16/21

OFA :

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

Signature/ACVO#/Date

Exam registration r	number:
	24KPKJ

Companion Animal Eye Registry (CAER)

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phthalmologi	st: BERNHARD SPIESS
linic Name:	
CVO #:	003
honor	612 220 7554

F	Phone:			61	3-3	329)-75	554						
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03/16/21