



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:	SHALIMAR
Registered Name:	SECRET HAVEN'S SCENT OF SHALIMAR
Sex/Breed:	F BORZOI
Microchip/Tattoo:	990 000 007 302 040
Registration No:	MA4296806
Date of Birth:	01/03/2024
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.

Signature of owner or authorized agent/representative

04/05/2025

Date of 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

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

BERNHARD SPIESS 003 04/05/2025

Signature/ACVO#/Date

Exam registration number:



25SGHJ

Companion Animal Eye Registry (CAER)

RIGHT EYE	GLOBE	LEFT EYE
☐	microphthalmos	☐
☐	keratoconjunctivitis sicca	☐
☐	glaucoma	☐
EYELIDS		
☐	entropion	☐
☐	ectropion	☐
☐	distichiasis	☐
☐	ectopic cilia	☐
☐	imperforate lacrimal punctum	☐
NICTITANS		
☐	cartilage anomaly/eversion	☐
☐	gland prolapse	☐
☐	plasmoma/atypical pannus	☐
CORNEA		
☐	dystrophy — epithelial/stromal	☐
☐	dystrophy — endothelial	☐
☐	pannus	☐
☐	pigmentary keratitis/keratopathy	☐
UVEA		
☐	uveal cyst	☐
☐	iris coloboma	☐
☐	iris hypoplasia	☐
☐	pigmentary uveitis	☐
LENS		
☐	anterior cortex	☐
☐	posterior cortex	☐
☐	equatorial cortex	☐
☐	anterior sutures	☐
☐	posterior sutures	☐
☐	nucleus	☐
☐	capsular	☐
☐	generalized/complete	☐
☐	resorbing/hypermature	☐
VITREOUS		
☐	Grades 2-6	☐
☐	Grade 1 PHPV/PHTVL	☐
☐	Grades 2-6	☐
☐	persistent hyaloid artery	☐
☐	degeneration	☐

Ophthalmologist Name:	BERNHARD SPIESS	
Ophthalmologist Address:		
City:	State:	Zip/postal code:
Phone:	613-329-7554	ACVO #: 003
Email:		

RIGHT EYE	FUNDUS	LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	CMR/CMR-like retinopathy	☐
☐	other presumed inherited retinopathy	☐
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	☒
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Comments

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