



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: | MYSTIC |
| Registered Name: | SECREHAVEN'S MYSTICAL ENDEAVOR WNS |
| Sex/Breed: | F BORZOI |
| Microchip/Tattoo: | 990000001207526 |
| Registration No: | HP56350001 FC749341 |
| Date of Birth: | 02/10/2018 |
| 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

01/05/2021

Date of Exam (mm/dd/yyyy)

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I DID verify the microchip/tattoo on this dog. |
| <input type="checkbox"/> | I DID NOT verify the microchip/tattoo on this dog. |
| <input type="checkbox"/> | NO MICROCHIP/TATTOO PRESENT |

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

FRANCK OLLIVIER DVM DACVO 352 01/05/2021

Signature/ACVO#/Date

Exam registration number: **21G2XU**



Companion Animal Eye Registry (CAER)

| | | RIGHT EYE | | | LEFT EYE | | |
|--|--|----------------------------------|--|--|----------|--|--|
| CORNEA | | | | | | | |
| GLOBE | | | | | | | |
| | | microphthalmos | | | | | |
| | | keratoconjunctivitis sicca | | | | | |
| | | glaucoma | | | | | |
| EYELIDS | | | | | | | |
| | | entropion | | | | | |
| | | ectropion | | | | | |
| | | distichiasis | | | | | |
| | | ectopic cilia | | | | | |
| | | imperforate lacrimal punctum | | | | | |
| NICITANS | | | | | | | |
| | | 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 | | | | | |
| | | iris sphincter dysplasia | | | | | |
| | | pigmentary uveitis | | | | | |
| | | uveal melanoma | | | | | |
| | | persistent pupillary membranes | | | | | |
| LENS | | | | | | | |
| | | anterior cortex | | | | | |
| | | posterior cortex | | | | | |
| | | equatorial cortex | | | | | |
| | | anterior sutures | | | | | |
| | | posterior sutures | | | | | |
| | | nucleus | | | | | |
| | | capsular | | | | | |
| | | generalized/incomplete | | | | | |
| | | resorbing/hypermature | | | | | |
| Significance Unknown/Suspect Not Inherited | | | | | | | |
| | | subluxation/luxation | | | | | |
| VITREOUS | | | | | | | |
| | | PHPV/PHTVL | | | | | |
| | | persistent hyaloid artery | | | | | |
| | | degeneration | | | | | |

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| Ophthalmologist: | FRANCK OLLIVIER DVM DACVO |
| Clinic Name: | |
| ACVO #: | 352 |
| Phone: | 514-375-4713 |

| | | RIGHT EYE | | | LEFT EYE | | |
|--------|--|-------------------------------|--|--|----------|--|--|
| FUNDUS | | | | | | | |
| | | retinal detachment | | | | | |
| | | retinal atrophy - generalized | | | | | |
| | | retinopathy | | | | | |
| | | retinal dysplasia | | | | | |
| | | choroidal hypoplasia | | | | | |
| | | coloboma | | | | | |
| | | optic nerve coloboma | | | | | |
| | | optic nerve hypoplasia | | | | | |
| | | micropapillia | | | | | |

| OTHER CONDITIONS | | | | | | | |
|------------------|--|--|--|--|--|--|--|
| | | Unlisted conditions suspected as Inherited . Describe in comments | | | | | |
| | | Unlisted conditions suspected as not inherited . | | | | | |

NORMAL

Comments

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