



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:	
Registered Name:	POPPY
Sex/Breed:	F JACK RUSSELL TERRIER
Microchip/Tattoo:	
Registration No:	
Date of Birth:	04/19/2021
Owner Name:	VANESSA DURAND
Co-owner Name:	
Owner Address:	402 DILLABAUGH ROAD, RR2; RR2
City/State/Postal:	KEMPTVILLE ON K0G 1J0
Email:	WhatsOneMoreKennel@gmail.com
Telephone:	613-914-5755

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

11/02/2024

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 11/02/2024

Signature/ACVO#/Date

Exam registration number:



24F5JB

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	☐	☐	
☐	iris sphincter dysplasia	☐	☐	
☐	pigmentary uveitis	☐	☐	
☐	uveal melanoma	☐	☐	
LENS				
☐	anterior cortex	☐	☐	
☐	posterior cortex	☐	☐	
☐	equatorial cortex	☐	☐	
☐	anterior sutures	☐	☐	
☐	posterior sutures	☐	☐	
☐	nucleus	☐	☐	
☐	capsular	☐	☐	
☐	generalized/complete	☐	☐	
☐	resorbing/hypermature	☐	☐	
VITREOUS				
☐	PHPV/PHTVL	☐	☐	
☐	persistent hyaloid artery	☐	☐	
☐	degeneration	☐	☐	

Ophthalmologist:	BERNHARD SPIESS
Clinic Name:	
ACVO #:	003
Phone:	613-329-7554

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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