



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3804
 Phone (573) 442-0418; Fax (573) 875-5073
 www.ofa.org, A not-for-profit organization

Call Name: **LIESEL**
 Registered Name: **KALINS CLAUS**
 Sex/Breed: **F GERMAN SHORTHAIRED POINTER**
 Microchip/Tattoo: **939000001520898**
 Registration No: **SR95085902**
 Date of Birth: **05/31/2015**
 Owner Name: **CHERYL STEPHENSON**
 Co-owner Name:
 Owner Address: **774 E 1200 N**
 City/State/Postal: **SHELLEY ID 832745**
 Email: **CAMATTHI@GMAIL.COM**
 Telephone: **208-681-6127**

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

07/18/2020
 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 ophthalmological examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.
CARRIE BREAU DVM DACVO 315 07/18/2020

Signature/ACVO#/Date

Exam registration number: **20KCLK9**



Companion Animal Eye Registry (CAER)

RIGHT EYE		LEFT EYE	
GLOBE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EYELIDS			
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NICITANS			
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CORNEA			
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UVEA			
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LENS			
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VITREOUS			
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Ophthalmologist: **CARRIE BREAU DVM DACVO**
 Clinic Name:
 ACVO #: **315**
 Phone:

RIGHT EYE		LEFT EYE	
FUNDUS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER CONDITIONS			
Unlisted conditions suspected as inherited. Describe in comments			
Unlisted conditions suspected as not inherited.			

NORMAL

Comments