

**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:	LEELA
Registered Name:	ELATED'S INCREDIBLE LEELA
Sex/Breed:	F HAVANESE
Microchip/Tattoo:	
Registration No:	JQ4114826
Date of Birth:	08/07/2021
Owner Name:	SHERRY LEITCH
Co-owner Name:	
Owner Address:	
City/State/Postal:	
Email:	
Telephone:	519-872-6725

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 under 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

03/29/2025

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 03/29/2025

Signature/ACVO#/Date

Exam registration number:

**255Q****Companion Animal Eye Registry (CAER)**

RIGHT EYE		GLOBE	LEFT EYE	
☐	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		☐	
☐	pigmentary uveitis		☐	
persistent pupillary membranes				
CATARACT			CATARACT	
☐	anterior cortex		☐	
☐	posterior cortex		☐	
☐	equatorial cortex		☐	
☐	anterior sutures		☐	
☐	posterior sutures		☐	
☐	nucleus		☐	
☐	capsular		☐	
☐	generalized/complete		☐	
☐	resorbing/hypermature		☐	
☐	Significance Unknown/Suspect Not Inherited		☐	
☐	posterior Y-suture tip opacities		☐	
☐	subluxation/luxation		☐	
VITREOUS				
☐	Grades 1-6		☐	
☐	PHPV/PTVL		☐	
☐	persistent hyaloid artery		☐	
☐	degeneration		☐	

Ophthalmologist Name:	BERNHARD SPIESS		
Ophthalmologist Address:			
City:	State:	Zip/postal code:	
Phone:	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				

Comments