

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BELLE FOUNTAIN DOODLE BUG, SH
registered name

ENGLISH SPRINGER SPANIEL
breed

film/test/lab #

981020057680170
tattoo/microchip/DNA profile

2604136
application number

02/04/2025
date of report

RESULTS:

No radiographic evidence of hip dysplasia is present. The consensus evaluation is: EXCELLENT

owner **DAVID BRASIER**
6572 BIRCHWOOD SHORES LN
OCONTO FALLS WI 54154

OFA eCert



Verify QR scan

SS33935309
registration no.

F
sex

04/29/2022
date of birth

33
age at evaluation in months



A Not-For-Profit Organization

EN-17695E33F-P-VPI
O.F.A. NUMBER

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

G.G. Keller, DVM

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

This electronic OFA certificate was generated on: 02/04/2025

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@ofa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

Pedigree of:

Kirby x Echo
DOB 04/29/2022

<p>Worspan's Finn Of Conmemara SH SR46207302</p> <p>Sadie Savanna (Peanuts) Of Creekside SR65036606</p> <p>AFC Rocky's Crosswinds Duke SR49354304</p> <p>Lehti's Rampage SR41121101</p> <p>FC Lighthouse Samwise MH SN85455608</p> <p>Woodbine Fast Track Jenny MH SR23339201</p> <p>NFC FC Lighthouse Reverence SN60277004</p> <p>FC Lighthouse Drive Me To Drink SN75381701</p> <p>NFC FC AFC Crosswinds Warpath SR07574901</p> <p>Flushingwing Flash CKC KS692513</p> <p>NFC FC AFC Crosswinds Warpath SR07574901</p> <p>NFC FC AFC English Wildflower SN93286308</p> <p>Raintree Stout Nudge MH SR39659111</p> <p>Rockrivers Doorcreek Susie SR16093107</p> <p>Harley XXXVII SR18738404</p> <p>Engelhart's Abigail Lynn SR21577701</p>	<p>FC Tuckers Little Bo SR79668506</p> <p>All About Pepper Of Lehi SR62226308</p> <p>FC AFC Woodbine Lighthouse Wakuta MH SR43526701</p> <p>Lighthouse N Rose Lane's Orca MH SR34437811</p> <p>AFC Flushingwing Tazzmanian Devil SR48559003</p> <p>FC AFC Apple Creeks Miss Liberty SR50843203</p> <p>FC Rock River's Brady MHA SR55754901</p> <p>Jamie Abigail Brooklyn SR51635109</p>	<p>2x NFC FC AFC Rockey's Solo SR92278901</p> <p>Lighthouse Black Magic Woman SR71884708</p> <p>Rebel Rouser Of Rock River MH SR78984611</p> <p>Jamie's Shelby SR82168001</p>	<p>Lighthouse Kirby Of The Present SH "Kirby" DOB: 12/06/2019 SS16083903</p> <p>Echo Of The Past JH "Echo" DOB: 02/27/2018 SS04650405</p>	
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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: **KINDY x ECHO**
 Registered name:

Breed: **English Springer Spaniel** see **4M 6F**

Microchip/tattoo: AKC Other

Registration Number: **042922** Date of Exam (mm/dd/yy): **063022**

Owner Name: **Zara Habrenz**

Co-Owner Name: **WHS Gillette DC** Phone:

Owner Address: **Dalton** State: **WI** Zip/postal code: **53926**

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

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

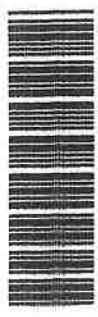
- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog
- NO MICROCHIP/TATTOO PRESENT

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

Signature: *[Signature]* ACVO # **63022** Date

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



760491

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
<input type="checkbox"/>	EYELEIDS	<input type="checkbox"/>
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
<input type="checkbox"/>	NICTITANS	<input type="checkbox"/>
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
<input type="checkbox"/>	CORNEA	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
<input type="checkbox"/>	UVEA	<input type="checkbox"/>
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	free floating	<input type="checkbox"/>
<input type="checkbox"/>	single	<input type="checkbox"/>
<input type="checkbox"/>	multiple	<input type="checkbox"/>

Ophthalmologist Name: _____
 Ophthalmologist Address: **Sarnuel J. Vainisi, DVM, MS, DACVO**
 City: **Gretchen M. Schmidt, DVM, MS, DACVO** State: _____ Zip/postal code: _____
 Phone: **Animal Eye Clinic** ACVO #: _____
 Email: **Denmark, WI** 920-863-3150

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
<input type="checkbox"/>	OTHER CONDITIONS	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

RIGHT EYE	LENS	LEFT EYE
<input type="checkbox"/>	iris to iris	<input type="checkbox"/>
<input type="checkbox"/>	iris to lens	<input type="checkbox"/>
<input type="checkbox"/>	iris to cornea	<input type="checkbox"/>
<input type="checkbox"/>	iris sheets	<input type="checkbox"/>
<input type="checkbox"/>	lens pigment foci/no strands	<input type="checkbox"/>
<input type="checkbox"/>	endothelial opacity/no strands	<input type="checkbox"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>

RIGHT EYE	CATARACT	LEFT EYE
<input type="checkbox"/>	Incomp. Incip. Punc.	<input type="checkbox"/>
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
<input type="checkbox"/>	Significance Unknown/Suspect Not Inherited	<input type="checkbox"/>

RIGHT EYE	VITREOUS	LEFT EYE
<input type="checkbox"/>	ant. chamber syneresis	<input type="checkbox"/>
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>
<input type="checkbox"/>	syneresis	<input type="checkbox"/>
<input type="checkbox"/>	ant. chamber	<input type="checkbox"/>

NORMAL

Comments: **ENTIRE OTHER NORMAL**

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomat copy; YELLOW = ACVO Research copy

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03/16/21