

OWNER

ADDRESS (Street & No., City, Zip Code)

Animal Registered Name

Breed/Variety

Coat color/type

Permanent ID#

For litters, add number.

"I hereby declare that the animal submitted for exam is the animal described above. Furthermore, I declare I am the owner or agent of the owner of this animal."

Signature

PRESS FIRMLY. FILL COMPLETELY.

SEX

Male Female

BIRTH DATE

Jan DAY YEAR Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

EXAM DATE

Jan DAY YEAR Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

FOR CERF USE ONLY

BREED

COLOR

Grid for breed and color selection with alphanumeric options.

CORNEA

T N



A P



Endothelial opacity/no strands, Lens pigment foci/no strands, Iris to Cornea, Iris to Lens, Iris to Iris

CATARACT

T N



A P



ant. chamber, synchysis, vitreous degeneration



CANINE EYE REGISTRATION FOUNDATION

RIGHT EYE GLOBE LEFT EYE

microphthalmos, dry eye, glaucoma

upper lower EYELIDS lower upper

entropion, ectropion, distichiasis, ectopic cilia

eury/macro blepharon, THIRD EYELID

cartilage anomaly/eversion, gland prolapse

CORNEA

dystrophy - epithelial/stromal, dystrophy - endothelial, inherited pannus

exposure/pigmentary keratitis

UVEA

iris/ciliary body cyst, iris coloboma, iris hypoplasia/sphincter dysplasia, pigmentary uveitis, uveal melanoma

persistent pupillary membranes

LENS

Diff. Inter. Punc. Punc. Inter. Diff.

anterior cortex, posterior cortex, equatorial cortex, anterior sutures, posterior sutures, nucleus, capsular, generalized

significance of above cataract unknown (describe in comments)

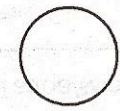
subluxation/luxation

VITREOUS

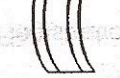
PHPV/PTVL, degeneration

CORNEA

N T



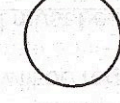
A P



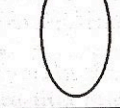
Iris to Iris, Iris to Lens, Iris to Cornea, Iris Sheets, Lens pigment foci/no strands, Endothelial opacity/no strands

CATARACT

N T



A P



ant. chamber, synchysis, vitreous degeneration

RIGHT EYE LEFT EYE

FUNDUS

retinal atrophy - generalized, retinal atrophy - suspicious, retinal dysplasia/retinopathy

choroidal hypoplasia, staphyloma/coloboma, retinal detachment, optic nerve coloboma, optic nerve hypoplasia, micropapilla

OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.

OTHER conditions suspected as not inherited

NORMAL

DUPLICATE FORM

This dog's microchip has been scanned and matches the number provided on the form.

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

Signature Date

M Taylor 8/7/09

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Grid for ACVO number

Owner Copy