

OWNER

Phone

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

Animal Registered Name

Breed/Variety

Coat color/type

Permanent ID#

Signature

REGISTRATION NO.

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.

PRESS FIRMLY. FILL COMPLETELY.

SEX Male Female

BIRTH DATE DAY YEAR

EXAM DATE DAY YEAR

FOR CERF USE ONLY BREED COLOR

RIGHT EYE LEFT EYE

GLOBE microphthalmos dry eye glaucoma EYELIDS entropion ectropion distichiasis ectopic cilia

CORNEA eury/macro blepharon gland prolapse THIRD EYELID

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

iris to iris iris to cornea iris to lens iris to iris

endothelial pigment/no PPM iris sheets



Northwest Veterinary Specialists 175, 153 Michelle Taylor, DVM, DACVO Paul Scherle, DVM, DACVO 16756 SE 82nd Drive Clackamas, OR 97015 (503) 656-3999

RIGHT EYE LEFT EYE

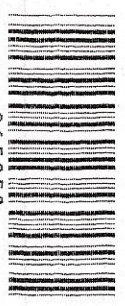
FUNDUS retinal atrophy - generalized retinal atrophy - suspicious retinal dysplasia/retinopathy

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



2 6 5 3 5 9

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

Signature

Date

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Form with grid for ACVO # and other details.

Owner Copy