

OWNER: Melznie Derwey 503 347 3417
 ADDRESS (Street & No., City, Zip Code): PO BOX 731 Stevenson WA 98648
 Animal Registered Name: Gorgeous Doodles Opa Annie
 Breed/Variety: Labrador Retriever Coat color/type: Buff Permanent ID#: 024 533297



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

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."

REGISTRATION NO. [Grid of 10x10 boxes for registration number]

PRESS FIRMLY. FILL COMPLETELY.

SEX: Male Female

BIRTH DATE: [Grid for month, day, year]

EXAM DATE: [Grid for month, day, year]

Signature: [Handwritten signature]

FOR CERF USE ONLY

BREED: [Grid for breed]

COLOR: [Grid for color]

BIRTH DATE: [Grid for month, day, year]

EXAM DATE: [Grid for month, day, year]

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

CATARACT

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

RIGHT EYE LEFT EYE

FUNDUS

retinal atrophy -- generalized

retinal atrophy -- suspicious

retinal dysplasia/retinopathy

choroidal hypoplasia

staphyloma/coloboma

retinal detachment

optic nerve coloboma

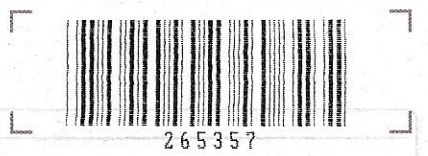
optic nerve hypoplasia

micropapilla

OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.

OTHER conditions suspected as not inherited

NORMAL



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

Signature: [Handwritten signature] Date: 8-17-09

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS: [Large text area for notes]

ACVO #: [Grid for ACVO number]

Owner Copy