OWNER: Melanie Derwey
Phone: 5033473417
ADDRESS (Street & No., City, Zip Code): POBox 731 Stevenson WA 98648
Animal Registered Name: GorgeousDoodles Opal Annie
Breed/Variety: Labradoodle
Coat color/type: Buff
Permanent ID#: 024533297

CANINE EYE REGISTRATION FOUNDATION ©

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.

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."

Signature: Melanie Derwey

PRESS FIRMLY. FILL COMPLETELY.

SEX
○ Male ● Female

BIRTH DATE
○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ○ Aug ○ Sep ● Oct ○ Nov ○ Dec
DAY: 0 7
YEAR: 0 7

EXAM DATE
○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ● Aug ○ Sep ○ Oct ○ Nov ○ Dec
DAY: 0 7
YEAR: 0 7

FOR CERF USE ONLY
BREED:
COLOR: 0 0 0 0

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GLOBE

RIGHT EYE		LEFT EYE
○	microphthalmos	○
○	dry eye	○
○	glaucoma	○

EYELIDS

upper	lower		lower	upper
○	○	entropion	○	○
○	○	ectropion	○	○
○		distichiasis		○
○	○	ectopic cilia	○	○
○		eury/macro blepharon		○

THIRD EYELID

○	cartilage anomaly/eversion
○	gland prolapse

CORNEA

CORNEA (T N A P)

○	dystrophy - - epithelial/stromal
○	dystrophy - - endothelial
○	inherited pannus
○	exposure/pigmentary keratitis

UVEA

Endothelial Pigment/no PPM	Iris Sheets	Iris to Cornea	Iris to Lens	Iris to Iris		Iris to Iris	Iris to Lens	Iris to Cornea	Iris Sheets	Endothelial Pigment/no PPM
○	○	○	○	○	iris/ciliary body cyst	○	○	○	○	○
○	○	○	○	○	iris coloboma	○	○	○	○	○
○	○	○	○	○	iris hypoplasia/sphincter dysplasia	○	○	○	○	○
○	○	○	○	○	pigmentary uveitis	○	○	○	○	○
○	○	○	○	○	uveal melanoma	○	○	○	○	○
○					persistent pupillary membranes					○

LENS

CATARACT (T N A P)

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

ant. chamber	syneresis		syneresis	ant. chamber
○	○	PHPV/PTVL	○	
		degeneration		

FUNDUS

RIGHT EYE		LEFT EYE
○	retinal atrophy - - generalized	○
○	retinal atrophy - - suspicious	○
○	retinal dysplasia/retinopathy	○
○	choroidal hypoplasia	○
○	staphyloma/coloboma	○
○	retinal detachment	○
○	optic nerve coloboma	○
○	optic nerve hypoplasia	○
○	micropapilla	○

RIGHT EYE: ○ detached ○ geographic ○ folds
LEFT EYE: ○ folds ○ geographic ○ detached

○ OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.

○ OTHER conditions suspected as not inherited

● NORMAL

265357

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

Signature: Paul Scherlie Date: 8-17-09

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #: 0 0 0 0

Owner Copy