

**Owner** SUSAN PETERSON  
 Address (Street & No., City, Zip Code)  
 BOX 70 SITE 508 RR #5 SASKATOON SK S0K 3K  
**Animal Registered Name**  
 BRAGI - GODDESS OF POETRY  
**Breed/Variety**  
 OES  
**Coat color/type**  
 BLUE GRAY + WHITE  
**Tattoo / Chip #**



**B. H. Grahn, DVM, (Diplomate ABVF/ACVO)**  
 Professor, Small Animal Clinical Sciences  
 University of Saskatchewan  
 Saskatoon, Saskatchewan S7N 5B4  
 (306) 986-7126

ATTENTION: PLEASE COMPLETE REVERSE SIDE OF FORM FOR CERF CERTIFICATION.

REGISTRATION NO.

REGISTRATION NO. [Grid of numbers]

**RIGHT EYE**  
 GLOBE  
 microphthalmalmos  
 entropion  
 ectropion  
 distichiasis  
 ectopic cilia  
 macroblepharon  
**THIRD EYELID**  
 cartilage anomaly/eversion  
 gland prolapse  
**CORNEA**  
 dystrophy -- epithelial/stromal  
 dystrophy -- endothelial  
 chronic superficial keratitis/pannus  
 exposure keratopathy syndrome  
**UVEA**  
 iris cysts  
 iris coloboma  
 persistent pupillary membranes  
**LENS**  
 anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized  
 subluxation/luxation  
**VITREOUS**  
 degeneration  
 persistent hyaloid artery  
 PHPV/PTVL

**LEFT EYE**  
 GLOBE  
 microphthalmalmos  
 entropion  
 ectropion  
 distichiasis  
 ectopic cilia  
 macroblepharon  
**THIRD EYELID**  
 cartilage anomaly/eversion  
 gland prolapse  
**CORNEA**  
 dystrophy -- epithelial/stromal  
 dystrophy -- endothelial  
 chronic superficial keratitis/pannus  
 exposure keratopathy syndrome  
**UVEA**  
 iris cysts  
 iris coloboma  
 persistent pupillary membranes  
**LENS**  
 anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized  
 subluxation/luxation  
**VITREOUS**  
 degeneration  
 persistent hyaloid artery  
 PHPV/PTVL

**RIGHT EYE**  
 FUNDUS  
 retinal atrophy - - generalized  
 retinal atrophy - - suspicious  
 retinal dysplasia  
 choroidal hypoplasia  
 staphyloma/coloboma  
 retinal detachment  
 retinal hemorrhage  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla  
 OTHER (name condition which are suspected as inherited. Describe in comments.)  
 OTHER (name condition which are suspected as non inherited. Describe in comments.)  
**NORMAL**

**RIGHT EYE**  
 CORNEA  
 N  
 T  
 A  
 P  
 CATARACT  
 N  
 T  
 A  
 P

**LEFT EYE**  
 CORNEA  
 N  
 T  
 A  
 P  
 CATARACT  
 N  
 T  
 A  
 P

**FOR CERF USE ONLY**

BREED [Grid of numbers]

COLOR [Grid of numbers]

RIGHT MARK  
 Male  
 Female

SEX

BIRTH DATE  
 DAY MONTH YEAR  
 1 2 7

EXAM DATE  
 DAY MONTH YEAR  
 7 1 2000

Signature [Signature]

Date [Date]

Signature [Signature]

Date [Date]

Signature [Signature]

Date [Date]

Signature [Signature]

Date [Date]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

ACVO # [Grid of numbers]

COMMENTS

COMMENTS

COMMENTS

COMMENTS

COMMENTS

COMMENTS

COMMENTS

COMMENTS

Owner Copy

Owner Copy

Owner Copy

Owner Copy

Owner Copy

Owner Copy

Owner Copy

Owner Copy

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK

NO. 2 PENCIL, BLUE, OR BLACK INK OK