Owner: SUE PETERSON

Address (Street & No., City, Zip Code): BOX 70 SITE 50 RR 5 SASKATOON

Animal Registered Name: GR GODDESS OF HEALING

Breed/Variety: OES

Coat color/type: BRINDLE/GREY/WT

Tattoo / Chip #: 968 000 001 402 615

CANINE EYE REGISTRATION FOUNDATION

B. H. Grahn, DVM, (Diplomate ABVP/ACVO)
Professor, Small Animal Clinical Sciences
University of Saskatchewan
Saskatoon, Saskatchewan S7N 5B4
(306) 966-7126

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

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

RIGHT MARK

FOR CERF USE ONLY

BREED	COLOR

SEX: ○ Male ● Female

BIRTH DATE

	DAY	YEAR
● Jan		
○ Feb		
○ Mar	0	0
○ Apr	1	1
○ May	2	2
○ Jun	3	3
○ Jul		4
○ Aug		5
○ Sep		6
○ Oct		7
○ Nov		8
○ Dec		9

EXAM DATE

	DAY	YEAR
○ Jan		
○ Feb		
○ Mar	0	0
○ Apr	1	1
○ May	2	2
○ Jun	3	3
○ Jul		4
● Aug		5
○ Sep		6
○ Oct		7
○ Nov		8
○ Dec		9

NO. 2 PENCIL, BLUE, OR BLACK INK OK

RIGHT EYE			LEFT EYE		
		GLOBE			
		microphthalmos			
upper	lower	**EYELIDS**	lower	upper	
		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			
Iris Sheets / Iris to Cornea / Iris to Lens / Iris to Iris		**UVEA**	Iris to Iris / Iris to Lens / Iris to Cornea / Iris Sheets		
		iris cysts			
		iris coloboma			
		persistent pupillary membranes			
Diff.	Inter.	Punc.	**LENS**	Punc.	Inter.	Diff.
			anterior cortex			
			posterior cortex			
			equatorial cortex			
			anterior sutures			
			posterior sutures			
			nucleus			
			capsular			
			generalized			
			significance of above punctate or capsular cataract unknown			
			subluxation/luxation			
			VITREOUS			
			degeneration			
			persistent hyaloid artery			
			PHPV/PTVL			

CORNEA: T N / A P

CATARACT: T N / A P

RIGHT EYE			LEFT EYE		
detached	geographic	folds	**FUNDUS**	folds	geographic	detached
			retinal atrophy - - generalized			
			retinal atrophy - - suspicious			
			retinal dysplasia			
			choroidal hypoplasia			
			staphyloma/coloboma			
			retinal detachment			
			retinal hemorrhage			
			optic nerve coloboma			
			optic nerve hypoplasia			
			micropapilla			
			OTHER *reserved for conditions which are suspected as inherited. Describe in comments.*			
			OTHER *reserved for conditions which are suspected as non-inherited. Describe in comments.*			
			NORMAL			

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

Signature: Date: Sep 20/05

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Owner Copy*