

Owner

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

Animal Registered Name

Breed/Variety

Coat color/type

Tattoo / Chip #



CANINE EYE REGISTRATION FOUNDATION

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

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College of Veterinary Medicine  
Small Animal Clinical Sciences Center  
1001 S. Lincoln St., Knoxville, TN 37910  
(615) 958-0000

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

SEX  
 Male  Female

BIRTH DATE

DAY	YEAR
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

FOR CERF USE ONLY  
BREED COLOR

A	1	1
B	2	2
C	3	3
D	4	4
E	5	5
F	6	6
G	7	7
H	8	8
I	9	9

EXAM DATE

DAY	YEAR
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

RIGHT EYE GLOBE

LEFT EYE GLOBE

microphthalmos  
EYELIDS  
entropion  
distichiasis  
ectopic cilia  
macroblepharon  
THIRD EYELID  
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  
nucleus  
capsular  
generalized  
significance of above punctate or capsular cataract or known

detached geographic folds

RIGHT EYE FUNDS

LEFT EYE FUNDS

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

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

NO. 2 PENCIL,  
BLUE, OR  
BLACK  
INK OK

subluxation/luxation  
VITREOUS  
degeneration  
persistent hyaloid artery  
PHPV/PTVL

ACVO #  
721  
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Owner Copy