

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.

Dr. H. Gordon Smith, DVM, MS, DACVO
Professor, Department of Veterinary Ophthalmology
School of Veterinary Medicine, University of Wisconsin
1800 Linden Drive, Madison, WI 53706
(608) 262-1200

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

FOR CERF USE ONLY
BREED COLOR

Color selection grid with letters A-Z and numbers 0-9.

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

REGISTRATION NO. grid with letters A-Z and numbers 0-9.

EXAM DATE grid with months and days.

FOR CERF USE ONLY grid with letters A-Z and numbers 0-9.

NO. 2 PENCIL, BLUE, OR BLACK INK OK

RIGHT EYE GLOBE LEFT EYE
microphthalmos
EYELIDS
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



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 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
Signature Date

ACVO #
Diplomate, American College of Veterinary Ophthalmologists
COMMENTS
Owner Copy*