

Owner

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

Animal Registered Name

Breed/Variety

Coat color/Type

Tattoo / Chip #



CANINE EYE REGISTRATION FOUNDATION

B. M. ... M. ... (Contact information for the foundation)

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. If I am the owner or agent of the owner of this animal.

Signature

RIGHT MARK

SEX
 Male Female

BIRTH DATE

Grid for birth date with columns for Day, Month, Year and rows for months from Jan to Dec.

EXAM DATE

Grid for exam date with columns for Day, Month, Year and rows for months from Jan to Dec.

FOR CERF USE ONLY

Grid for breed and color information.

RIGHT EYE GLOBE
 microphthalmos
 entropion
 ectropion
 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

LEFT EYE GLOBE
 entropion
 ectropion
 distichiasis
 ectopic cilia
 macroblepharon
 gland prolapse
 CORNEA
 dystrophy - epithelial/stromal
 dystrophy - endothelial
 chronic superficial keratitis/pannus
 exposure keratopathy syndrome
 UVEA
 iris cysts
 iris coloboma
 persistent pupillary membranes



CORNEA
T N
A P
Iris Sheets
Iris to Cornea
Iris to Lens
Iris to Iris

CORNEA
T N
A P
Iris to Iris
Iris to Lens
Iris to Cornea
Iris Sheets

CATARACT
T N
A P
Diff. Inter. Punc. Inter. Diff.

CATARACT
T N
A P
Diff. Inter. Punc. Inter. Diff.

LENS
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized
 significant of above punctate or capsular - cataract unknown

LENS
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized
 significant of above punctate or capsular - cataract unknown

NO. 2 PENCIL, BLUE, OR BLACK INK OK

VITREOUS
 degeneration
 persistent hyaloid artery
 PHPV/PTVL

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

OTHER reserved for conditions which are suspected as non-inherited. Describe in comments.
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NORMAL

Comments: American College of Veterinary Ophthalmologists

ACVO # grid

Owner Copy