

OWNER

Phone

OWNER: Danie Canada 403-553-2950

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



CANINE EYE REGISTRATION FOUNDATION

Brian Skorobach, DVM, DACVO
Care Center
7140 12th Street SE
Calgary, Alberta, CAN T2H 2V4
(403)-520-8387

Animal Registered Name

Breed/Variety

Coat color/type

Permanent ID#

Animal Registered Name: *Assin Deep*
Breed/Variety: *Assin Deep*
Coat color/type: *black*
Permanent ID#: *PLV98B*

For litters, add number.

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

[Signature]

REGISTRATION NO.

Registration number grid with digits 0-9 in columns.

PRESS FRMLY. FILL COMPLETELY.

SEX Male Female

BIRTH DATE DAY YEAR

Birth date grid with digits 0-9 in columns.

EXAM DATE DAY YEAR

Exam date grid with digits 0-9 in columns.

FOR CERF USE ONLY

BREED

COLOR

Color and breed selection grid.

554749

DO NOT MARK IN THIS AREA

RIGHT EYE

GLOBE

LEFT EYE

- microphthalmos
- dry eye
- glaucoma

EYELIDS

- entropion
- ectropion
- distichiasis
- ectopic cilia

THIRD EYELID

- cartilage anomaly/eversion
- gland prolapse

CORNEA

- dystrophy - - epithelial/stromal
- dystrophy - - endothelial
- inherited pannus
- exposure/pigmentary keratitis

UVEA

- iris/ciliary body cyst
- iris coloboma
- iris hypoplasia/sphincter dysplasia
- pigmentary uveitis
- uveal melanoma

LENS

- anterior cortex
- posterior cortex
- equatorial cortex
- anterior sutures
- posterior sutures
- nucleus
- capsular
- generalized

CATARACT

- Diff. Inter. Punc.
- Punc. Inter. Diff.

significance of above cataract unknown (describe in comments)

subluxation/luxation

VITREOUS

- PHPV/PTVL
- degeneration

RIGHT EYE

FUNDUS

LEFT EYE

- retinal atrophy - - generalized
- retinal atrophy - - suspicious
- retinal dysplasia
- retinopathy
- choroidal hypoplasia
- staphyloma/coloboma
- retinal detachment
- optic nerve coloboma
- optic nerve hypoplasia
- micropapilla

OTHER UNLISTED CONDITIONS

- OTHER NORMAL

DUPLICATE FORM

- This dog's microchip has been scanned and matches the number provided on the form.

Signature

[Signature]

Date

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # grid with digits 0-9 in columns.

Please note to ensure proper registration this original owner's copy must be mailed directly to CERF

Owner Copy