

ADDRESS (Street & No., City, Zip Code): **Box 2284 Fort Macleod, AB**

Animal Registered Name: **Puppy Loves M-O**

Breed/Variety: **Aust Labradorie wauwAleece**

Coat color/type: **AV 6358**



Brian Storobalack, DVM, DACVO 246  
Care Center  
7140 12th Street SE  
Calgary, Alberta, CAN T2H 2Y4  
(403)-520-8987

I, hereby declare that the animal submitted for scanning is the animal described above. Further, I am the owner or agent of the owner of this animal.

Signature: *[Signature]*

**PRESS FIRMLY. FILL COMPLETELY.**

**SEX**  
 Male  Female

**BIRTH DATE**  
DAY YEAR  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

REGISTRATION NO. table with columns for digits 0-9 and rows for each digit.

**EXAM DATE**  
DAY YEAR  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**FOR CERF USE ONLY**

**BREED**  
 A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

**COLOR**  
 0  1  2  3  4  5  6  7  8  9

456044

DO NOT MARK IN THIS AREA

Diagrammatic representation of eye structures: CORNEA, CATARACT, LENS, VITREOUS, UVEA.

**RIGHT EYE**  
**GLOBE**  
 microphthalmos  
 dry eye  
 glaucoma  
**EYELIDS**  
upper lower  
 entropion  
 ectropion  
 distichiasis  
 ectopic cilia  
 eury/macro blepharon  
**THIRD EYELID**  
 cartilage anomaly/eversion  
 gland prolapse  
**CORNEA**  
 dystrophy - epithelial/stromal  
 dystrophy - endothelial  
 inherited pannus  
 exposure/pigmentary keratitis

**LEFT EYE**  
**GLOBE**  
 microphthalmos  
 dry eye  
 glaucoma  
**EYELIDS**  
upper lower  
 entropion  
 ectropion  
 distichiasis  
 ectopic cilia  
 eury/macro blepharon  
**THIRD EYELID**  
 cartilage anomaly/eversion  
 gland prolapse  
**CORNEA**  
 dystrophy - epithelial/stromal  
 dystrophy - endothelial  
 inherited pannus  
 exposure/pigmentary keratitis

**RIGHT EYE**  
**FUNDUS**  
 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**  
suspected as inherited. Describe in comments:  
**OTHER**  
conditions suspected as not inherited  
**NORMAL**  
 **DUPLICATE FORM**  
This dog's microchip has been scanned and matches the number provided on the form.

**LEFT EYE**  
**FUNDUS**  
 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**  
suspected as inherited. Describe in comments:  
**OTHER**  
conditions suspected as not inherited  
**NORMAL**  
 **DUPLICATE FORM**  
This dog's microchip has been scanned and matches the number provided on the form.

**CATARACT**  
T N  
Diff. Inter. Punc. Punc. Inter. Diff.  
 anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized  
 significance of above cataract unknown (describe in comments)  
 subluxation/luxation  
**VITREOUS**  
PHPV/PTVL  
degeneration  
 ant. chamber syneresis

**CATARACT**  
T N  
Diff. Inter. Punc. Punc. Inter. Diff.  
 anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized  
 significance of above cataract unknown (describe in comments)  
 subluxation/luxation  
**VITREOUS**  
PHPV/PTVL  
degeneration  
 ant. chamber syneresis

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

Signature: *[Signature]* Date: *[Date]*

Diplomate, American College of Veterinary Ophthalmologists

ACVO # *[Number]*