OWNER: Rick Marble Phone: 2162926047

ADDRESS (Street & No., City, Zip Code): 24419 Griffiths Rd Beachwood, OH 44122

Animal Registered Name: Melonich's Gracie

Breed/Variety: Labradoodle Coat color/type: Black/combo Permanent ID#: 02606138

CANINE EYE REGISTRATION FOUNDATION

255

Margaret A. Foss, DVM, DACVO

For litters, add number.

REGISTRATION NO. 015971

"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

PRESS FIRMLY. FILL COMPLETELY.

FOR CERF USE ONLY

BREED COLOR

DO NOT MARK IN THIS AREA

SEX: ☐ Male ■ Female

BIRTH DATE: Mar 2009

EXAM DATE: Sep 2011

RIGHT EYE	GLOBE	LEFT EYE
	microphthalmos	
	dry eye	
	glaucoma	
	EYELIDS	
	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	
	UVEA	
	iris/ciliary body cyst	
	iris coloboma	
	iris hypoplasia/sphincter dysplasia	
	pigmentary uveitis	
	uveal melanoma	
	persistent pupillary membranes	
	LENS	
	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	

CORNEA: T N A P

CATARACT: T N A P

Endothelial opacity/no strands; Lens pigment foci/no strands; Iris Sheets; Iris to Cornea; Iris to Lens; Iris to Iris

Diff. Inter. Punc. — Punc. Inter. Diff.

RIGHT EYE	FUNDUS	LEFT EYE
detached geographic folds	retinal atrophy - - generalized	
	retinal atrophy - - suspicious	folds geographic detached
	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	

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☐ DUPLICATE FORM

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

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

Signature Date 9-7-11

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Owner Copy

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