

OWNER
Phone

Address Street & No., City, Zip Code

Animal Registered Name

Breed/Variety

Coat color/type

Permanent ID#

For litters, add number.

REGISTRATION NO.

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

PRESS FIRMLY. FILL COMPLETELY.

SEX

BIRTH DATE

EXAM DATE

Grid for registration number and exam date



CANINE EYE REGISTRATION FOUNDATION

Margaret A. Foss, DVM, DACVO

255

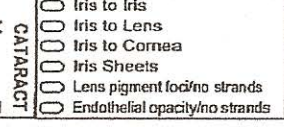
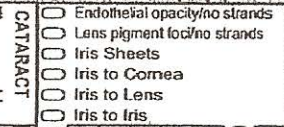
RIGHT EYE GLOBE LEFT EYE

- microphthalmos
dry eye
glaucoma
EYELIDS
entropion
ectropion
distichiasis
ectopic cilia
enury/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

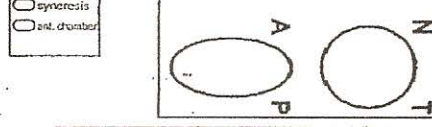
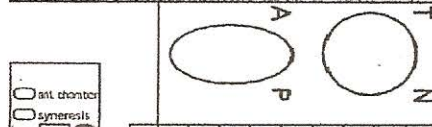
RIGHT EYE FUNDS LEFT EYE

- 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
suspected as present. 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.

EW-F20739-3-65432 AS99



Comments section with signature and date



Comments section with signature and date

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

Owner Copy