

OWNER
 Margaret L. Flouge 360-259-9089
ADDRESS (Street & No., City, Zip Code)
 3220-79th Ave NW Olympia WA
Animal Registered Name
 Winslows HighTowerWoman STD sc
Breed/Variety
 Aust. Shep
Coat color/type
 RED/WHITE
Permanent ID#
 494DL6C7B49



148

Veterinary Ophthalmic Consulting, P.C.
 Sarah A. Maxwell, DVM, DACVO, M.S.
 P.O. Box 1918
 Corvallis, OR 97339-1918
 (541) 745-6344

REGISTRATION NO.
 21478637

FOR CERT USE ONLY
BREED
 [Grid with 4 columns and 4 rows of small text]

COLOR
 [Grid with 4 columns and 4 rows of small text]

SEX
 Male Female

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

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

Signature
 [Handwritten Signature]

PRESS FIRMLY. FILL COMPLETELY.

FOR CERF USE ONLY
 [Grid with 4 columns and 4 rows of small text]

729094
 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
 plasmoma/atypical pannus
 CORNEA
 dystrophy -- epithelial/stromal
 dystrophy -- endothelial
 pannus
 exposure/pigmentary keratitis
 UVEA
 cyst
 iris coloboma
 iris hypoplasia/sphincter dysplasia
 pigmentary uveitis
 uveal melanoma
 persistent pupillary membranes

CATARACT
 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 [Diagram: Circle with T/N and A/P labels]

CORNEA [Diagram: Circle with N/T and A/P labels]

CATARACT [Diagram: Circle with N/T and A/P labels]

CATARACT [Diagram: Circle with N/T and A/P labels]

RIGHT EYE [FUNDUS] **LEFT EYE**

detached
 geographic
 folds
 retinal atrophy -- generalized
 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 or tattoo has been verified/scanned and matches the (permanent ID) number provided on the form.

Signature
 [Handwritten Signature] **Date**
 3-3-13

COMMENTS
 [Blank box for notes]

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

EYE/20739-5 60432 AG96
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