OWNER: Margl L. Floyd
Phone: 360-259-9089
ADDRESS (Street & No., City, Zip Code): Winslows Shaman Snake Dance
Animal Registered Name: E154836 Blue Merle
Breed/Variety: Australian Shepherd
Coat color/type:
Permanent ID#: 4918325006D
For litters, add number.

CANINE EYE REGISTRATION FOUNDATION

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. E154836

"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.

SEX: Male / Female

BIRTH DATE: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec — DAY / YEAR

EXAM DATE: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec — DAY / YEAR

FOR CERF USE ONLY: BREED, COLOR

729095

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

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

RIGHT EYE — FUNDUS — LEFT EYE
- 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.

I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.
Signature: Date: 3-3-13
Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Revised 12/11 — Owner Copy

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