Owner

Address (Street & No., City, Zip Code)

Animal Registered Name

Breed/Variety | Coat color/type | Tattoo / Chip #

CANINE EYE REGISTRATION FOUNDATION

David Covitz, DVM, P.C. DACVO
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Animal Eye Clinic
2 Pimpewaug Rd.
Wilton, CT 06897
(203) 762-9399

22, 20

ATTENTION: PLEASE COMPLETE REVERSE SIDE OF FORM FOR CERF CERTIFICATION.

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

RIGHT MARK ●

SEX
○ Male ○ Female

BIRTH DATE

	DAY	YEAR
○ Jan		
○ Feb		
○ Mar	0	0 0
○ Apr	1	1 1
○ May	2	2 2
○ Jun	3	3 3
○ Jul		4 4
○ Aug		5 5
○ Sep		6 6
○ Oct		7 7
○ Nov		8 8
○ Dec		9 9

EXAM DATE

	DAY	YEAR
○ Jan		
○ Feb	2 4	0 2
○ Mar	0	0 0
○ Apr	1	1 1
○ May	2	2 2
○ Jun	3	3 3
○ Jul		4 4
○ Aug		5 5
○ Sep		6 6
○ Oct		7 7
○ Nov		8 8
○ Dec		9 9

FOR CERF USE ONLY

BREED	COLOR

NO. 2 PENCIL, BLUE, OR BLACK INK OK

	RIGHT EYE	LEFT EYE
GLOBE		
microphthalmos	○	○
EYELIDS	upper lower	lower upper
entropion	○ ○	○ ○
ectropion	○ ○	○ ○
distichiasis	○	○
ectopic cilia	○ ○	○ ○
macroblepharon	○	○
THIRD EYELID		
cartilage anomaly/eversion	○	○
gland prolapse	○	○
CORNEA		
dystrophy - - epithelial/stromal	○	○
dystrophy - - endothelial	○	○
chronic superficial keratitis/pannus	○	○
exposure keratopathy syndrome	○	○
UVEA		
iris cysts	○	○
iris coloboma	○	○
persistent pupillary membranes	○	○
LENS	Diff. Inter. Punc.	Punc. Inter. Diff.
anterior cortex	○ ○ ○	○ ○ ○
posterior cortex	○ ○ ○	○ ○ ○
equatorial cortex	○ ○ ○	○ ○ ○
anterior sutures	○ ○ ○	○ ○ ○
posterior sutures	○ ○ ○	○ ○ ○
nucleus	○ ○ ○	○ ○ ○
capsular	○ ○ ○	○ ○ ○
generalized	○	○
significance of above punctate or capsular cataract unknown	○	○
subluxation/luxation	○	○
VITREOUS		
degeneration	○	○
persistent hyaloid artery	○	○
PHPV/PTVL	○	○

CORNEA T N / A P — CATARACT T N / A P

Iris Sheets, Iris to Cornea, Iris to Lens, Iris to Iris

	RIGHT EYE	LEFT EYE
FUNDUS	detached geographic folds	folds geographic
retinal atrophy - - generalized	○	○
retinal atrophy - - suspicious	○	○
retinal dysplasia	○	○
choroidal hypoplasia	○	○
staphyloma/coloboma	○	○
retinal detachment	○	○
retinal hemorrhage	○	○
optic nerve coloboma	○	○
optic nerve hypoplasia	○	○
micropapilla	○	○
OTHER *reserved for conditions which are suspected as inherited. Describe in comments.*	○	○
OTHER *reserved for conditions which are suspected as non-inherited. Describe in comments.*	○	○

○ **NORMAL**

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

Signature Date 8/4/02

Diplomate, American College of Veterinary Ophthalmologis

COMMENTS

ACV

Owner Copy*