

OWNER SHARON C. SMITH 518-943-6643
 ADDRESS (Street & No., City, Zip Code) 127 LEENPOINT RD, CATSKILL, NY 12414
 Animal Registered Name BMD BLK, RUST, WHITE AND D/G RSL DLG
 Breed/Variety CH. OCTOBER'S OMAR SHARIF Coat color/type Permanent ID#



CANINE EYE REGISTRATION FOUNDATION ©

10

Seth A. Koch, V.M.D., M.M.Sc., P.C., Dipl. A.C.V.O.
 The Animal Eye Clinics The Animal Eye Clinics of Vermont
 8023 Piney Branch Road 35 Clay Point Road
 Silver Spring, MD 20910 Colchester, VT 05446
 (800) 435-7393 (800) 435-7393

For litters, add number.

"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."

REGISTRATION NO.											
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

Signature Sharon C. Smith

PRESS FIRMLY.
FILL COMPLETELY.

SEX
 Male Female

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

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

FOR CERF USE ONLY

BREED	COLOR
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	dry eye	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
upper lower	EYELIDS	lower upper
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	eury/macro blepharon	<input type="checkbox"/>
<input type="checkbox"/>	THIRD EYELID	<input type="checkbox"/>
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	CORNEA	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy - - epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy - - endothelial	<input type="checkbox"/>
<input type="checkbox"/>	inherited pannus	<input type="checkbox"/>
<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>
<input type="checkbox"/>	UVEA	<input type="checkbox"/>
<input type="checkbox"/>	iris/ciliary body cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia/sphincter dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
<input type="checkbox"/>	CATARACT	<input type="checkbox"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
<input type="checkbox"/>	LENS	<input type="checkbox"/>
Diff. Inter. Punc.		Punc. Inter. Diff.
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized	<input type="checkbox"/>
<input type="checkbox"/>	significance of above punctate cataract unknown	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<input type="checkbox"/>	VITREOUS	<input type="checkbox"/>
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

CORNEA

T N



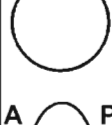
A P



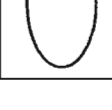
Endothelial Pigment/no PPM
Iris Sheets
Iris to Cornea
Iris to Lens
Iris to Iris

CORNEA

T N



A P



RIGHT EYE **LEFT EYE**

FUNDUS

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 inherited. Describe in comments.

OTHER conditions suspected as not inherited

NORMAL



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

Signature Date

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS
 Normal scars
 Right eye
 early
 "childhood"
 disease - note

ACVO #

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Owner Copy