OWNER Rick Marble Phone

ADDRESS (Street & No., City, Zip Code) 24415 Dorrien Rd Beachwood, OH 44122

Animal Registered Name Acadian Turkish Delight

Breed/Variety Labradoodle Coat color/type Chocolate Wool Permanent ID# 982000002301995

CANINE EYE REGISTRATION FOUNDATION©

255

Margaret A. Foss, DVM, DACVO

For litters, add number.

REGISTRATION NO. 017220

"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 DAY 02 YEAR 17 ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ● Aug ○ Sep ○ Oct ○ Nov ○ Dec

EXAM DATE ○ Jan DAY 07 YEAR 17 ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ○ Aug ● Sep ○ Oct ○ Nov ○ Dec

FOR CERF USE ONLY

BREED

COLOR

51 66 99

DO NOT MARK IN THIS AREA

GLOBE

RIGHT EYE / LEFT EYE

- ○ microphthalmos ○
- ○ dry eye ○
- ○ glaucoma ○

EYELIDS

- ○ entropion ○
- ○ ectropion ○
- ○ distichiasis ○
- ○ ectopic cilia ○
- ○ eury/macro blepharon ○

THIRD EYELID

- ○ cartilage anomaly/eversion ○
- ○ gland prolapse ○

CORNEA

- ○ dystrophy - - epithelial/stromal ○
- ○ dystrophy - - endothelial ○
- ○ inherited pannus ○
- ○ exposure/pigmentary keratitis ○

CORNEA (T N A P)

UVEA

- ○ iris/ciliary body cyst ○
- ○ iris coloboma ○
- ○ iris hypoplasia/sphincter dysplasia ○
- ○ pigmentary uveitis ○
- ○ uveal melanoma ○
- ○ persistent pupillary membranes ○

Endothelial opacity/no strands; Lens pigment foci/no strands; Iris Sheets; Iris to Cornea; Iris to Lens; Iris to Iris

CATARACT (T N A P)

LENS

	Diff.	Inter.	Punc.
anterior cortex	○	○	○
posterior cortex	○	○	○
equatorial cortex	○	○	○
anterior sutures	○	○	○
posterior sutures	○	○	○
nucleus	○	○	○
capsular	○	○	○
generalized	○		

- ○ significance of above cataract unknown (describe in comments) ○
- ○ subluxation/luxation ○

VITREOUS

ant. cortex; synaresis

- ○ PHPV/PTVL ○
- ○ degeneration ○

synaresis; ant. cortex

FUNDUS

RIGHT EYE / LEFT EYE

detached; geographic; folds

- ○ 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 ○

folds; geographic; detached

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○ DUPLICATE FORM

○ This dog's microchip has been scanned and matches the number provided on the form.

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

Signature Date 9-7-17

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO #

Owner Copy

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