

OWNER: P. L. MARLO Phone: 216 292 6847
 ADDRESS (Street & No., City, Zip Code): 24410 Ashford Rd. Parma OH 44122
 Animal Registered Name: Belgian Blue - A - Million
 Breed/Variety: Labrador Retriever Coat color/type: White Permanent ID#: 0001751612



325
Akron Eye Care For Animals
Mark Bobofchak, DVM, DACVO
 1321 Centerview Circle
 Akron, OH 44321
 (330) 670-1300

For litters, add number.

REGISTRATION NO.											
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
A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

"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: 00-31 YEAR: 00-99

EXAM DATE
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 DAY: 00-31 YEAR: 00-99

FOR CERF USE ONLY
 BREED: _____ COLOR: _____
 CORNEA: _____
 748927
 DO NOT MARK IN THIS AREA

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"/>
<input type="checkbox"/>	EYELIDS	<input type="checkbox"/>
<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"/>	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"/>	plasmoma/atypical pannus	<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"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>
<input type="checkbox"/>	UVEA	<input type="checkbox"/>
<input type="checkbox"/>	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"/>	persistent pupillary membranes	<input type="checkbox"/>
<input type="checkbox"/>	CATARACT	<input type="checkbox"/>
<input type="checkbox"/>	Diff. Inter. Punc.	<input type="checkbox"/>
<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 cataract unknown (describe in comments)	<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"/>

Diagram of CORNEA with labels T, N, A, P.

Diagram of CORNEA with labels N, T, A, P.

Diagram of CATARACT with labels T, N, A, P.

Diagram of CATARACT with labels N, T, A, P.

Labels: Endothelial opacity/foci/no strands, Lens pigment foci/no strands, Iris Sheets, Iris to Cornea, Iris to Lens, Iris to Iris, Ciliary Body, Ant. Chamber, Iris, Ciliary Body, Lens pigment foci/no strands, Endothelial opacity/foci/no strands.

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal atrophy -- generalized	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	staphyloma/coloboma	<input type="checkbox"/>
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
<input type="checkbox"/>	OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.	<input type="checkbox"/>
<input type="checkbox"/>	OTHER conditions suspected as not inherited	<input type="checkbox"/>
<input checked="" type="checkbox"/>	NORMAL	<input type="checkbox"/>
<input type="checkbox"/>	DUPLICATE FORM	<input type="checkbox"/>
<input type="checkbox"/>	This dog's microchip or tattoo has been verified/scanned and matches the (permanent ID) number provided on the form.	<input type="checkbox"/>
I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.		
Signature: _____		Date: 7/8/13
Diplomate, American College of Veterinary Ophthalmologists		
COMMENTS		
ACVO # 325		

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

© SCANTICON CORPORATION 2011 ALL RIGHTS RESERVED. EW-F20739-5-65432 ASS9

Revised 12/11

Owner Copy