

OWNER

Phone

David M. Metz, DVM 903 527 3224

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

1832 CR 224 Caddo Mills, Tx 75135

Animal Registered Name

House O' Jacks Dream Catcher

Breed/Variety

Coat color/type

Permanent ID#

Jack Russell Terrier T/W



CANINE EYE REGISTRATION FOUNDATION

Art J. Quinn, DVM, DACVO 210 Cedar Lane Diamond Head Sand Springs, OK 74063

57

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.

Grid for registration number with columns for digits 0-9 and rows for individual digits.

Signature [Handwritten Signature]

PRESS FIRMLY. FILL COMPLETELY.

SEX Male Female

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

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

FOR CERF USE ONLY

BREED and COLOR selection grids with columns for letters and digits.

Permanent ID# 518433 and DO NOT MARK IN THIS AREA

RIGHT EYE GLOBE LEFT EYE

Microphthalmos, dry eye, glaucoma, EYELIDS, entropion, ectropion, distichiasis, ectopic cilia, eury/macro blepharon, THIRD EYELID, cartilage anomaly/eversion, gland prolapse, CORNEA, dystrophy, inherited pannus, exposure/pigmentary keratitis, UVEA, iris/ciliary body cyst, iris coloboma, iris hypoplasia/sphincter dysplasia, pigmentary uveitis, uveal melanoma, persistent pupillary membranes

CATARACT LENS

Diff. Inter. Punc. anterior cortex, posterior cortex, equatorial cortex, anterior sutures, posterior sutures, nucleus, capsular, generalized, significance of above cataract unknown

subluxation/luxation, VITREOUS PHPV/PTVL degeneration

RIGHT EYE FUNDUS LEFT EYE

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, OTHER conditions suspected as not inherited, NORMAL

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 [Handwritten Signature] Date 06-19-10

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS section with large empty box for notes.

ACVO # grid with columns for digits 0-9 and rows for individual digits.

Owner Copy

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