OWNER Bonnie Buckley Phone 9783467248

[redacted] Ac, MA 01860

Animal Registered Name Bon John's Aidan N' Abetting [redacted]67

Breed/Variety Standard Poodle Coat color/type Brown Permanent ID# 098-032-067

**CANINE EYE REGISTRATION FOUNDATION ©**

203

Bulger Veterinary Hospital
Ruth M. Marrion, DVM, DACVO
247 Chickering Road
North Andover, MA 01845
(978) 725-5544

For litters, add number.

**REGISTRATION NO.** PRI RO 69826

*"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 [signature]

PRESS FIRMLY. FILL COMPLETELY.

**SEX** ○ Male ○ Female

**BIRTH DATE**

| | DAY | YEAR |
|---|---|---|
| ○ Jan | | |
| ○ Feb | 13 | 06 |
| ○ Mar | 00 | 00 |
| ○ Apr | 01 | 01 |
| ○ May | 02 | 02 |
| ○ Jun | 03 | 03 |
| ● Jul | 04 | 04 |
| ○ Aug | 05 | 05 |
| ○ Sep | 06 | 06 |
| ○ Oct | 07 | 07 |
| ○ Nov | 08 | 08 |
| ○ Dec | 09 | 09 |

**EXAM DATE**

| | DAY | YEAR |
|---|---|---|
| ○ Jan | | |
| ○ Feb | 25 | 11 |
| ● Mar | 00 | 00 |
| ○ Apr | 01 | 01 |
| ○ May | 02 | 02 |
| ○ Jun | 03 | 03 |
| ○ Jul | 04 | 04 |
| ○ Aug | 05 | 05 |
| ○ Sep | 06 | 06 |
| ○ Oct | 07 | 07 |
| ○ Nov | 08 | 08 |
| ● Dec | 09 | 09 |

**FOR CERF USE ONLY**

BREED [ ] COLOR [ ]

590002 DO NOT MARK IN THIS AREA

**GLOBE**

- ○ 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 ○

**UVEA**

- ○ iris/ciliary body cyst ○
- ○ iris coloboma ○
- ○ iris hypoplasia/sphincter dysplasia ○
- ○ pigmentary uveitis ○
- ○ uveal melanoma ○
- ○ 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 cataract unknown (describe in comments) ○
- ○ subluxation/luxation ○

**VITREOUS**

- ○ PHPV/PTVL ○
- ○ degeneration ○

CORNEA (T N A P) — 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) — Iris to Iris; Iris to Lens; Iris to Cornea; Iris Sheets; Lens pigment foci/no strands; Endothelial opacity/no strands

**FUNDUS**

- ○ 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 ○

○ 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 [signature] Date 3/28/11

*Diplomate, American College of Veterinary Ophthalmologists*

COMMENTS

**ACVO #** 2023

Owner Copy

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