

REGISTRATION NO.	139947
OWNER	Heidi Mobley
ADDRESS (Street & No., City, Zip Code)	9081 Culp Branch Road Sanger, TX 76266
Animal Registered Name	Los Suenos Scooby Doo
Breed/Variety	Australian Shepherd Black Tr
Coat color/type	
Permanent ID#	

For litters, add number.

EXAM DATE

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01	02	03	04	05	06	07	08	09	10	11	12

BIRTH DATE

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01	02	03	04	05	06	07	08	09	10	11	12

SEX

Male Female

FILL

PRESS FIRMLY, COMPLETELY.

FOR CERF USE ONLY

BREED

COLOR

441661

DO NOT MARK IN THIS AREA

SIGNATURE

Heidi Mobley

"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."

GLOBE

RIGHT EYE	LEFT EYE
<input type="checkbox"/> microphthalmos	<input type="checkbox"/> microphthalmos
<input type="checkbox"/> dry eye	<input type="checkbox"/> dry eye
<input type="checkbox"/> glaucoma	<input type="checkbox"/> glaucoma
<input type="checkbox"/> upper lower	<input type="checkbox"/> lower upper

EYELIDS

entropion

ectropion

distichiasis

ectopic cilia

eury/macro blepharon

cartilage anomaly/eversion

gland prolapse

CORNEA

RIGHT EYE	LEFT EYE
<input type="checkbox"/> dystrophy - - - epithelial/stromal	<input type="checkbox"/> dystrophy - - - endothelial
<input type="checkbox"/> inherited pannus	<input type="checkbox"/> exposure/pigmentary keratitis
<input type="checkbox"/> UVEA	<input type="checkbox"/> iritis/ciliary body cyst
<input type="checkbox"/> iritis coloboma	<input type="checkbox"/> iritis hypoplasia/phincter dysplasia
<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> uveal melanoma
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> iritis to Iris
<input type="checkbox"/> Iris Sheets	<input type="checkbox"/> Iris to Cornea
<input type="checkbox"/> Iris to Iris	<input type="checkbox"/> Iris to Cornea
<input type="checkbox"/> Endothelial opacity/no strands	<input type="checkbox"/> Iris pigment foalino strands
<input type="checkbox"/> Iris to Iris	<input type="checkbox"/> Iris Sheets
<input type="checkbox"/> Iris to Cornea	<input type="checkbox"/> Endothelial opacity/no strands

LENS

RIGHT EYE	LEFT EYE
<input type="checkbox"/> anterior cortex	<input type="checkbox"/> anterior cortex
<input type="checkbox"/> posterior cortex	<input type="checkbox"/> posterior cortex
<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> equatorial cortex
<input type="checkbox"/> anterior sutures	<input type="checkbox"/> anterior sutures
<input type="checkbox"/> posterior sutures	<input type="checkbox"/> posterior sutures
<input type="checkbox"/> nucleus	<input type="checkbox"/> nucleus
<input type="checkbox"/> capsular	<input type="checkbox"/> capsular
<input type="checkbox"/> generalized	<input type="checkbox"/> generalized
<input type="checkbox"/> significance of above cataract unknown (describe in comments)	<input type="checkbox"/> significance of above cataract unknown (describe in comments)
<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation
<input type="checkbox"/> VITREOUS	<input type="checkbox"/> VITREOUS
<input type="checkbox"/> PHPV/PTVL	<input type="checkbox"/> PHPV/PTVL
<input type="checkbox"/> art chamber	<input type="checkbox"/> art chamber
<input type="checkbox"/> Synchysis	<input type="checkbox"/> Synchysis
<input type="checkbox"/> cat chamber	<input type="checkbox"/> cat chamber

CATARACT

RIGHT EYE: P N

LEFT EYE: P N

FUNDUS

RIGHT EYE	LEFT EYE
<input type="checkbox"/> retinal atrophy - - generalized	<input type="checkbox"/> retinal atrophy - - generalized
<input type="checkbox"/> retinal atrophy - - suspicious	<input type="checkbox"/> retinal atrophy - - suspicious
<input type="checkbox"/> retinal dysplasia/retinopathy	<input type="checkbox"/> retinal dysplasia/retinopathy
<input type="checkbox"/> folds	<input type="checkbox"/> folds
<input type="checkbox"/> geographic	<input type="checkbox"/> geographic
<input type="checkbox"/> detached	<input type="checkbox"/> detached

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.

Signature

Heidi Mobley

Date

2-11-12

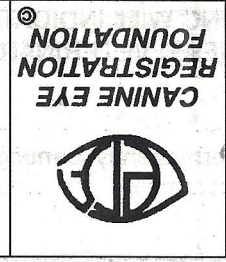
I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

89, 67

Joan Dzielzyk, DVM, DACVO
 Nicholas J. Mulchamp, BVMS, PhD, DACVO, MRCVS
 Central Texas Veterinary Ophthalmology
 12419 Metric Blvd.
 Austin, TX 78745
 AnimalEyeHealth.com



Owner Copy

ACVO #

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

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