

OWNER
 Louise Weaver
 Address (Street & No., City, Zip Code)
 20515 NE Union Hill Rd
 Animal Registered Name
 Amberthal Saxit of The Pixie
 Breed/Variety
 Golden Retriever Golden
 Coat color/type
 Permanent DM
 4DD 1414 RE

Phone
 206-919-7137

Animal Eye Clinic, Inc., P.S.
 5359 Roosevelt Way NE
 Seattle, WA 98105 (206) 524-8822
 Thomas C. Sullivan, DVM, Dipl. ACVO
 Matthew Landry, DVM, Dipl. ACVO



RIGHT EYE
 microphthalmos
 dry eye
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 eury/macrol blepharon
THIRD EYELID
 cartilage anomaly/eversion
 gland prolapse

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RIGHT EYE
 fundus obscured
 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 indicated. Describe in comments.
 OTHER
 considered, suspected as not indicated.

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FOR CERF USE ONLY
 BREED
 COLOR
 PRESS FIRMLY.
 FILL COMPLETELY.
 SEX
 Male Female

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

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

REGISTRATION NO.
 424135

DOG MARK IN THIS AREA

CORNEA
 T N A P
 (Diagrams of cornea types)

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LENS
 Diff. Inter. Punc. Intra. Diff.
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized
 persistent pupillary membranes

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CATARACT
 T N A P
 (Diagrams of cataract types)

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VITREOUS
 subluxation/luxation
 PHPV/PTVL
 degeneration

COMMENTS
 I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.
 Signature: _____ Date: 3/21/10
 Diplomat, American College of Veterinary Ophthalmologists

Owner Copy