Owner: Accia Ortiz Carman

Address (Street & No., City, Zip Code): 1801 221st Street, Sauk Village, IL 60411

Animal Registered Name: Summit's Diehard With A Vengance | Fawn and white wirh

Breed/Variety: Akita | Coat color/type | Permanent ID #

CANINE EYE REGISTRATION FOUNDATION ©

ANIMAL Eye Consultants
Denise M. Lindley, DVM, DACVO

4757 W. 137th St.
Crestwood, IL 60445
(708) 388-3793

1460 Bond St.
Suite 100
Naperville, IL 60563
630) 369-3333

116 Tyler Creek Plaza
Elgin, IL 60123
(847) 695-1111

REGISTRATION NO. WS02515870

"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

PLACE ON HARD SURFACE AND PRESS FIRMLY WHEN WRITING.

SEX: (●) Male ( ) Female

BIRTH DATE: (●) Jan — DAY 02 — YEAR 97

EXAM DATE: ( ) Feb — DAY 14 — YEAR 04 ; ( ) Oct

FOR CERF USE ONLY

BREED | COLOR

	RIGHT EYE	LEFT EYE
GLOBE		
microphthalmos	○	○
EYELIDS	upper lower	lower upper
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 keratitus	○	○
UVEA		
iris/ciliary body cyst	○	○
iris coloboma	○	○
persistent pupillary membranes (Iris Sheets / Iris to Cornea / Iris to Lens / Iris to Iris)	○○○○	○○○○ (Iris to Iris / Iris to Lens / Iris to Cornea / Iris Sheets)
LENS	Diff. Inter. Punc.	Punc. Inter. Diff.
anterior cortex	○ ○ ○	○ ○ ○
posterior cortex	○ ○ ○	○ ○ ○
equatorial cortex	○ ○ ○	○ ○ ○
anterior sutures	○ ○ ○	○ ○ ○
posterior sutures	○ ○ ○	○ ○ ○
nucleus	○ ○ ○	○ ○ ○
capsular	○ ○ ○	○ ○ ○
generalized	○	○
significance of above punctate cataract unknown	○	○
subluxation/luxation	○	○
VITREOUS		
persistent hyaloid artery	○	○
PHPV/PTVL	○	○
degeneration (ant. chamber / syneresis)	○○	○○ (syneresis / ant. chamber)

CORNEA T N A P — CATARACT T N A P

	RIGHT EYE	LEFT EYE
FUNDUS	detached geographic folds	folds geographic detached
retinal atrophy - - generalized	○	○
retinal atrophy - - suspicious	○	○
retinal dysplasia/retinopathy	○○○	○○○
choroidal hypoplasia	○	○
staphyloma/coloboma	○	○
retinal detachment	○	○
retinal hemorrhage	○	○
optic nerve coloboma	○	○
optic nerve hypoplasia	○	○
micropapilla	○	○
OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.	○	○
OTHER	○	○

(●) NORMAL ○

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

Signature: Dr. Lindley — Date: 10/14/04

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # 12

I understand my dog is determined to be clear of inheritable eye disease, but do not wish to have this information released to the public.

Signature

Owner Copy

Owner: Akita Origins Program

Address (Street & No., City, Zip Code): 1801 22nd Street, Sauk Village, IL 60411

Animal Registered Name: Summit's Dictated With A Vengeance | Fawn and white wirbit

Breed/Variety: Akita | Coat color/type | Permanent ID #

CANINE EYE REGISTRATION FOUNDATION ©

ANIMAL Eye Consultants
Denise M. Lindley, DVM, DACVO

4737 W. 137th St.
Crestwood, IL 60445
(708) 388-3793

1460 Bond St.
Suite 100
Naperville, IL 60563
630) 369-3333

116 Tyler Creek Plaza
Elgin, IL 60123
(847) 695-1111

REGISTRATION NO. WSO21587/01

"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

PLACE ON HARD SURFACE AND PRESS FIRMLY WHEN WRITING.

SEX: (●) Male ( ) Female

BIRTH DATE: ( ) Jan ( ) Feb (●) Mar ( ) Apr ( ) May ( ) Jun ( ) Jul ( ) Aug ( ) Sep ( ) Oct ( ) Nov ( ) Dec — DAY 07 — YEAR 2000

EXAM DATE: ( ) Jan ( ) Feb ( ) Mar ( ) Apr ( ) May ( ) Jun ( ) Jul ( ) Aug ( ) Sep (●) Oct ( ) Nov ( ) Dec — DAY 14 — YEAR 04

FOR CERF USE ONLY

BREED: 000

COLOR: 000

	RIGHT EYE	LEFT EYE
GLOBE		
microphthalmos	( )	( )
EYELIDS	upper / lower	lower / upper
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 keratitus	( )	( )
UVEA		
iris/ciliary body cyst	( )	( )
iris coloboma	( )	( )
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 punctate cataract unknown	( )	( )
subluxation/luxation	( )	( )
VITREOUS	ant. chamber syneresis / syneresis ant. chamber	
persistent hyaloid artery	( )	( )
PHPV/PTVL	( )	( )
degeneration	( ) ( )	( ) ( )

CORNEA T N / A P — CATARACT T N / A P

Iris Sheets, Iris to Cornea, Iris to Lens, Iris to Iris / Iris to Iris, Iris to Lens, Iris to Cornea, Iris Sheets

	RIGHT EYE	LEFT EYE
FUNDUS	detached geographic folds	folds geographic detached
retinal atrophy - - generalized	( )	( )
retinal atrophy - - suspicious	( )	( )
retinal dysplasia/retinopathy	( )	( )
choroidal hypoplasia	( )	( )
staphyloma/coloboma	( )	( )
retinal detachment	( )	( )
retinal hemorrhage	( )	( )
optic nerve coloboma	( )	( )
optic nerve hypoplasia	( )	( )
micropapilla	( )	( )
OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.	( )	( )
OTHER	( )	( )

(●) NORMAL

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

Signature: Dr. Denise Lindley — Date: 10/14/04

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # 12

I understand my dog is determined to be clear of inherited eye disease, but do not wish to have this information released to the public.

Signature

Owner Copy