

Owner
 Cecilia and Young Carmen
 Address (Street & No., City, Zip Code)
 4737 W. 137th St
 Chestwood, IL 60445
 Animal Registered Name
 Permanent ID #
 FOUNDATION BLACK MACK



CANINE EYE
 REGISTRATION
 FOUNDATION

ANIMAL Eye Consultants
 Denise M. Lindley, DVM, DACVO
 1460 Bond St
 Suite 100
 Naperville, IL 60563
 (737) 388-3793
 116 Tyler Creek Plaza
 Egin, IL 60123
 (847) 695-1111
 (630) 369-3333

Coat color/type
 FOUNDATION BLACK MACK
 Signature
 Denise M. Lindley

"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."

PLACE ON
 HARD SURFACE
 AND PRESS
 FIRMLY WHEN
 WRITING.

SEX
 Male Female

BIRTH DATE
 DAY MONTH YEAR
 11 04 94

EXAM DATE
 DAY MONTH YEAR
 10 05 05

REGISTRATION NO. [Grid of numbers 0-9]

BREED [Grid of letters A-Z]

COLOR [Grid of numbers 0-9]

RIGHT EYE

GLOBE
 upper lower lower upper

EYELIDS
 entropion ectropion
 distichiasis ectopic cilia
 eury/macro blepharon

THIRD EYELID
 cartilage anomaly/eversion gland prolapse

CORNEA
 dystrophy - epithelial/stromal
 dystrophy - endothelial
 chronic superficial keratitis/pannus
 exposure keratopathy syndrome

UVEA
 iris cysts iris coloboma
 persistent pupillary membranes

LENS
 anterior cortex posterior cortex
 equatorial cortex anterior sutures
 posterior sutures nucleus
 capsular generalized
 significance of above punctate cataract unknown

subluxation/luxation
 persistent hyaloid artery
 PHPV/PTVL
 degeneration

VITREOUS
 ant. chamber synchysis ant. chamber

LEFT EYE

GLOBE
 microphthalmos

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 entropion ectropion
 distichiasis ectopic cilia
 eury/macro blepharon

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RIGHT EYE

FUNDUS
 retinal atrophy - generalized
 retinal atrophy - suspicious
 retinal dysplasia
 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
 reserved for conditions which are
 suspected as non-inherited. Describe in comments.

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NORMAL

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

Signature [Signature] Date 04/10/05

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # [Grid of numbers 0-9]

LEFT EYE

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COMMENTS

ACVO # [Grid of numbers 0-9]

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

CANINE EYE REGISTRATION FOUNDATION, INC. (CERF)

REGISTRATION INSTRUCTIONS:

There is **NO MINIMUM AGE REQUIREMENT** for CERF registration. Annual re-examination is recommended for any animal that is directly or indirectly involved in a breeding program. Your CERF certificate is valid for one (1) year only from the date of the examination.

TO REGISTER THIS DOG

- 1) An ACVO/CERF examination report must be completed IN FULL and SIGNED BY OWNER (or agent) and by a member of the American College of Veterinary Ophthalmologists.
- 2) The OWNER'S copy of the examination form is to be sent directly to CERF with appropriate fee. The dog will be registered with CERF and a certificate will be mailed directly to owner.
- 3) Full IDENTIFICATION INFORMATION must be typed or CLEARLY PRINTED below. This is essential, and must be absolutely accurate for proper registration.
- 4) Send THIS original Examination Report together with the correct fee to:

Purdue University
 CERF/Lynn Hall
 625 Harrison Street
 West Lafayette, IN 47907-2026
 (765) 494-8179

(Make checks payable to: CERF)

Fee: Initial registration	\$10.00 per dog
RE-CERF	\$7.50 per dog
Kennel rate		
10 or more new or re-CERF forms.	\$7.50 per dog

Payment will be accepted only in U.S. Funds drawn on U.S. Banks.

If applying for RE-CERF, include last CERF # here _____

Dog's Registered Name _____ Registration No. _____

BREED _____ (variety) _____ BIRTHDATE _____

SEX _____ COLOR _____ (PERMANENT ID #) _____

OWNER'S NAME _____ DAYTIME PHONE (_____)

ADDRESS _____ CHECK AMOUNT \$ _____

THE EXAMINER PROHIBITS USE OF HIS/HER NAME BY THE OWNER OF THIS DOG FOR ADVERTISING PURPOSES. THE USE OF A C.E.R.F. NUMBER IN ADVERTISING WILL INDICATE TO ALL INTERESTED PARTIES THAT THE EXAMINER WAS A BOARD CERTIFIED VETERINARY OPHTHALMOLOGIST.

Note: CERF and Home Again are working together to ensure that all dogs are permanently identified for safety and accuracy.