

OWNER: Mary Kaye of 717-873-3626
ADDRESS (Street & No., City, Zip Code): 8164 Woodbine Rd, Annapolis, MD 21401
Animal Registered Name: Twilight's Starhalo's Angel Blue
Breed/Variety: Great Dane Blue
Coat color/type: Blue
Permanent ID#: 4161111640
Phone: 283
Jenniffer A. Hyman, MA, VMD, DACVO
Eye Care For Animals
808 Besigate Road
Annapolis, MD 21401
(410) 224-4470



CANINE EYE
REGISTRATION
FOUNDATION®

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: Mary Kaye

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PRESS FIRMLY. FILL COMPLETELY.

SEX: Male ☐ Female ☒

BIRTH DATE: DAY MONTH YEAR
15 05 00

EXAM DATE: DAY MONTH YEAR
13 11 11

REGISTRATION NO. 4161111640

RIGHT EYE	GLOBE	LEFT EYE
☐ microphthalmos	☐ dry eye	☐ microphthalmos
☐ glaucoma	☐ entropion	☐ glaucoma
☐ EYELIDS	☐ ectropion	☐ EYELIDS
☐ distichiasis	☐ entropion	☐ distichiasis
☐ ectopic cilia	☐ eury/macro blepharon	☐ ectopic cilia
☐ THIRD EYELID	☐ cartilage anomaly/eversion	☐ THIRD EYELID
☐ gland prolapse	☐ inherited pannus	☐ gland prolapse
☐ CORNEA	☐ dystrophy - epithelial/stromal	☐ CORNEA
☐ dystrophy - endothelial	☐ exposure/pigmentary keratitis	☐ dystrophy - endothelial
☐ UVEA	☐ iris/ciliary body cyst	☐ UVEA
☐ iris coloboma	☐ iris hypoplasia/sphincter dysplasia	☐ iris coloboma
☐ pigmentary uveitis	☐ persistent pupillary membranes	☐ pigmentary uveitis
☐ uveal melanoma	☐ anterior cortex	☐ uveal melanoma
☐ LENS	☐ posterior cortex	☐ LENS
☐ Diff. Inter. Punc.	☐ equatorial cortex	☐ Diff. Inter. Punc.
☐ anterior sutures	☐ anterior sutures	☐ anterior sutures
☐ posterior sutures	☐ posterior sutures	☐ posterior sutures
☐ nucleus	☐ nucleus	☐ nucleus
☐ capsular	☐ capsular	☐ capsular
☐ generalized	☐ generalized	☐ generalized
☐ significance of above cataract unknown (describe in comments)	☐ subluxation/luxation	☐ significance of above cataract unknown (describe in comments)
☐ VITREOUS	☐ PHPV/PTVL	☐ VITREOUS
☐ degeneration	☐ degeneration	☐ degeneration

RIGHT EYE CORNEA T N A P
LEFT EYE CORNEA T N A P

RIGHT EYE CATARACT T N A P
LEFT EYE CATARACT T N A P

RIGHT EYE LENS
LEFT EYE LENS

RIGHT EYE UVEA
LEFT EYE UVEA

RIGHT EYE THIRD EYELID
LEFT EYE THIRD EYELID

RIGHT EYE GLOBE
LEFT EYE GLOBE

RIGHT EYE FUNDUS
LEFT EYE FUNDUS

RIGHT EYE OTHER UNLISTED CONDITIONS
LEFT EYE OTHER UNLISTED CONDITIONS

RIGHT EYE OTHER
LEFT EYE OTHER

RIGHT EYE DUPLICATE FORM
LEFT EYE DUPLICATE FORM

RIGHT EYE This dog's microchip has been scanned and matches the number provided on the form.
LEFT EYE 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: Mary Kaye Date: 11/13/11

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # 283

Owner Copy

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