

REPORT OF EXAMINATION
FOR HEREDITARY EYE DISEASES

OWNER'S NAME Phil Neri DOG'S AKC NAME Brassy

ADDRESS 3137 TALBOT Rd AKC REGISTRATION NO. _____
Street & Number

Sioux City IA 51103 MICROCHIP OR TATTOO _____
City State Zip

I/We hereby declare that the dog submitted for Examination is the dog described above.
Phil Neri 7/9/05
 Owner/Agents Signature Date

BREED Golden Ret BIRTHDATE / /

SEX F COLOR Gold

PREVIOUS EXAMINATION: Affected _____ Not Affected _____
 Not Previously Examined X Undetermined _____

EXAMINATION TECHNIQUE: Ophthalmoscopy X Biomicroscopy X Gonioscopy _____

REGION(S) EXAMINED:	FUNDI (Retina, Optic N)	LENSES	CORNEAS	IRISES	EYELIDS	OTHER
Not Affected	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____
Undetermined (Suspicious)	_____	_____	_____	_____	_____	_____
Affected	_____	_____	_____	_____	_____	_____

COMMENTS:

DATE OF EXAMINATION 7/9/05 SHOULD BE RE-EXAMINED Yes X No _____

Signed [Signature]
 Examining Veterinarian
 Diplomate, ACVO