

REPORT OF EXAMINATION
FOR HEREDITARY EYE DISEASES

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

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
Owner/Agents Signature

7/9/05
Date

BREED _____ BIRTHDATE _____ / _____ / _____

SEX _____ COLOR _____

PREVIOUS EXAMINATION: Affected _____ Not Affected _____

Not Previously Examined Undetermined _____

EXAMINATION TECHNIQUE: Ophthalmoscopy Biomicroscopy Gonioscopy _____

REGION(S) EXAMINED: FUNDI (Retina, Optic N) LENSES CORNEAS IRISES EYELIDS OTHER

Not Affected X X X X X _____

Undetermined (Suspicious) _____

Affected _____

COMMENTS:

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

Signed Phil Neri
Examining Veterinarian
Diplomate, ACVO