

REPORT OF EXAMINATION  
FOR HEREDITARY EYE DISEASES

OWNER'S NAME Phillip New DOG'S AKC NAME Teal

ADDRESS 3137 Talbot Rd AKC REGISTRATION NO. SR 08221803  
Street & Number

Slough City Ja 51103 MICROCHIP OR TATTOO \_\_\_\_\_  
City State Zip

I/We hereby declare that the dog submitted for Examination is the dog described above.  
Phillip New 2/7/04  
Owner/Agents Signature Date

BREED Jabrador BIRTHDATE 5/20/03

SEX F COLOR Black

PREVIOUS EXAMINATION: Affected \_\_\_\_\_ Not Affected \_\_\_\_\_

Not Previously Examined  Undetermined \_\_\_\_\_

EXAMINATION TECHNIQUE: Ophthalmoscopy  Biomicroscopy  Gonioscopy \_\_\_\_\_

REGION(S) EXAMINED:	FUNDI	LENSES	CORNEAS	IRISES	EYELIDS	OTHER
Not Affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Undetermined (Suspicious)	_____	_____	_____	_____	_____	_____
Affected	_____	_____	_____	_____	_____	_____

COMMENTS:

DATE OF EXAMINATION 2/7/04 SHOULD BE RE-EXAMINED Yes  No \_\_\_\_\_

Signed [Signature]  
Examining Veterinarian  
Diplomate, ACVO