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OPHTHALMIC EXAMINATION FORM

Owner of Animal:..... Animal Name:

Address: Microchip No:

..... A.K.C. Reg. No:

ANIMAL: Species Breed: Birthdate:/...../.....

Coat: Colour/Type: Sex: Male Female

"I hereby declare that the animal submitted for examination is the animal described above and that I am the owner/agent of this animal."

Signed: Owner/Agent Date:/...../.....

PREVIOUS EXAMINATION: Not prev examined Not affected Undetermined Affected

Date of previous examination:/...../..... MYDRIATIC: Yes No

Referring Vet: Referring Vet Practice:

Phone: () Fax: ()

EXAMINATION TECHNIQUE: Direct Ophthalmoscopy Indirect Ophthalmoscopy Biomicroscopy Other

COMMENTS:





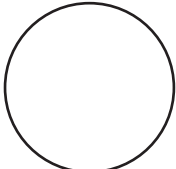
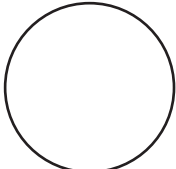
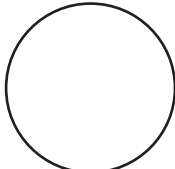
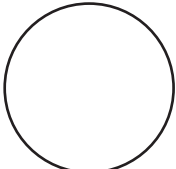
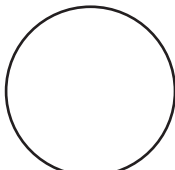
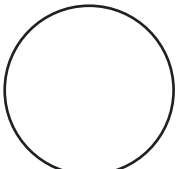
Reason for presentation:.....

History:

Diagnosis:

Treatment:

Plan:

	RIGHT LENS	LEFT LENS		RIGHT	LEFT
	A 	 P	EYELIDS		
LENS			CORNEA		
			FUNDUS		

INHERITED DISEASE: Yes No Suspicious Date of examination:/...../.....

Should be re-examined: Months Yearly Signed: