

OWNER: W Laurent M. Coad Phone: 389-989-2447  
 ADDRESS (Street & No., City, Zip Code): 7016 YL Hwy 877 A, Hawley, TX 74525  
 Animal Registered Name: Double Day Vines & Reigning Princess  
 Breed/Variety: Labrador Coat color/type: Yellow Permanent ID#: SR64318004



**CANINE EYE  
REGISTRATION  
FOUNDATION**

65, 201, 281, 397  
**Animal Ophthalmology Clinic, LTD**  
 Robert J. Munger, Rachel D. Ring  
 Terri L. Baldwin, Jeff Studer  
 DVM, Diplomate ACVO  
 4444 Trinity Mills, Suite 201, Dallas, TX 75287  
 (972) 267-4100

For litters, add number.

"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."

REGISTRATION NO.									
5	2	6	4	3	1	8	7	0	4
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Signature: W Laurent M. Coad

**PRESS  
FIRMLY.**  
  
**FILL  
COMPLETELY.**

**SEX**  
 Male  Female

**BIRTH DATE**  
 Jan DAY YEAR  
 Feb 3 0 0  
 Mar 0 0 0  
 Apr 1 1 0  
 May 2 2 2  
 Jun 3 3 3  
 Jul 4 4 4  
 Aug 5 5 5  
 Sep 6 6 6  
 Oct 7 7 7  
 Nov 8 8 8  
 Dec 9 9 9

**EXAM DATE**  
 Jan DAY YEAR  
 Feb 7 0 2  
 Mar 0 0 0  
 Apr 1 1 1  
 May 2 2 2  
 Jun 3 3 3  
 Jul 4 4 4  
 Aug 5 5 5  
 Sep 6 6 6  
 Oct 7 7 7  
 Nov 8 8 8  
 Dec 9 9 9

**FOR CERF  
USE ONLY**

**BREED**  
 A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

**COLOR**  
 0  1  2  3  4  5  6  7  8  9

**680268**  
 DO NOT MARK IN THIS AREA

**RIGHT EYE** **GLOBE** **LEFT EYE**

microphthalmos   
 dry eye   
 glaucoma   
**EYELIDS**  
 entropion   
 ectropion   
 distichiasis   
 ectopic cilia   
**THIRD EYELID**  
 cartilage anomaly/eversion   
 gland prolapse   
 plasmoma/atypical pannus   
**CORNEA**  
 dystrophy -- epithelial/stromal   
 dystrophy -- endothelial   
 pannus   
 exposure/pigmentary keratitis   
**UVEA**  
 cyst   
 iris coloboma   
 iris hypoplasia/sphincter dysplasia   
 pigmentary uveitis   
 uveal melanoma   
 persistent pupillary membranes

**CATARACT** **LENS** **CATARACT**

Diff. Inter. Punc.    Punc. Inter. Diff.

anterior cortex     
 posterior cortex     
 equatorial cortex     
 anterior sutures     
 posterior sutures     
 nucleus     
 capsular     
 generalized     
 significance of above cataract unknown (describe in comments)

subluxation/luxation   
**VITREOUS**  
 PHPV/PTVL   
 degeneration

**RIGHT EYE** **FUNDUS** **LEFT EYE**

retinal atrophy - - generalized   
 retinal dysplasia   
 retinopathy   
 choroidal hypoplasia   
 staphyloma/coloboma   
 retinal detachment   
 optic nerve coloboma   
 optic nerve hypoplasia   
 micropapilla   
 OTHER UNLISTED CONDITIONS   
 suspected as inherited. Describe in comments.  
 OTHER conditions suspected as not inherited   
 **NORMAL**

**DUPLICATE FORM**  
 This dog's microchip or tattoo has been verified/scanned and matches the (permanent ID) number provided on the form.

*I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.*

Signature: Robert J. Munger Date: 9/12  
 Diplomate, American College of Veterinary Ophthalmologists

**COMMENTS**

**ACVO #**  
 0  0  0  
 1  1  1  
 2  2  2  
 3  3  3  
 4  4  4  
 5  5  5  
 6  6  6  
 7  7  7  
 8  8  8  
 9  9  9

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