



ACVO/Merial National Service Dog Eye Exam

A service provided by
American College of Veterinary Ophthalmologists® and Merial -
2010

Clinic and/or Veterinary Ophthalmologist: _____

Owner/Agent: _____

Dog Name: _____ Registration Number: _____

Age: _____ Breed: _____ Years dog has been in service: _____

Work Dog Performs: _____

(Police, Drug Detection, Guide Dog for Blind, etc)

Certifying Organization: _____

(Guide Dog, Nat'l Assoc. Detection Dogs, etc)

Previous Eye Problems: _____

Treatment for Previous Eye Problems: _____

Primary Care Veterinarian: _____

Address: _____

Phone: _____ Fax: _____

Ocular Exam: (N=normal, list findings with affected eye, OS,OD, OU)

Eyelids: _____

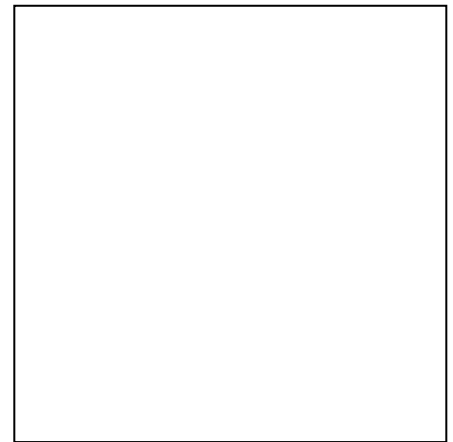
Cornea: _____

Anterior Chamber: _____

Lens: _____

Vitreous: _____

Retina: _____



(drawing, if needed)

Recommendations: _____