

ACVO - 2024

National Service Animal Eye Exam



A service provided by your ophthalmologist and the American College of Veterinary Ophthalmologists® (Clinics, you may choose to provide this form to your client and/or use for your own records. The ACVO does not collect forms. This is not an OFA form/exam.)

Clinic and/or Veterinary Ophthalmologist: _____

Owner/Agent: _____

Owner/Agent Address: _____

Dog Name: _____ Registration Number: _____ Exam Date: _____

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

Work Animal 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: _____

Doctor's Signature: _____

(drawing, if needed)

Recommendations: _____

This event is generously supported by donations of financial sponsorship, time and resources from:



Your Veterinary Ophthalmologist

