

OWNER

BARB Wohlfert

ADDRESS (Street & No., City, Zip Code)

9475 96th St N Grant MN 55115

Animal Registered Name

Kattwalk Cant wait to take Xmas

Breed/Variety

Golden Retriever 463468542E

Permanent ID#

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.

Signature

Barb Wohlfert

PLACE ON HARD SURFACE AND PRESS FIRMLY WHEN WRITING.

SEX Male Female

BIRTH DATE grid with handwritten date 2/10/21

EXAM DATE grid with handwritten date 2/10/21

FOR CERF USE ONLY grid with handwritten breed Golden Retriever



CANINE EYE REGISTRATION FOUNDATION

University of MN Veterinary Medical Center, Gia Klaus, DVM, DACVO, Kathryn A. Diehl, DVM, MS, DACVO, 1365 Gortner Avenue, St. Paul, MN 55108, (612) 625-1919

Main examination form with sections for GLOBE, EYELIDS, THIRD EYELID, CORNEA, UVEA, LENS, CATARACT, and FUNDUS for both RIGHT and LEFT EYES.



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

Signature Katie Diehl, Date 7/3/06, ACVO # 286, COMMENTS single iris to iris PPM temporally OD

Owner Copy