

Owner  
**CHARLES M ROGERS**  
Address (Street & No., City, Zip Code)  
**1122 E. 4th N. Suite S. Salt Lake 84121**



Eye Care for Animals  
1892 E. Ft. Union Blvd.  
Salt Lake City, UT 84121  
801-942-EYES (3937)

Animal Registered Name  
**ASPELLO (ATCH ME IF YOU CAN)**  
Breed/Variety **GUIDED RET.** Coat color/type Permanent ID #

CANINE EYE  
REGISTRATION  
FOUNDATION

REGISTRATION NO. grid with columns 1-12 and rows for digit entry.

If newly derived from the original registrant, or added to the original registered breed, the owner must indicate the origin or origin of the origin.  
Signature

PLACE ON  
HARD SURFACE  
AND PRESS  
FIRMLY WHEN  
WRITING.

SEX  
 Male  Female

BIRTH DATE  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

EXAM DATE  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec


FOR CERT  
USE ONLY

BREED and COLOR grids for certification use.

RIGHT EYE / LEFT EYE examination sections including GLOBE, EYELIDS, CORNEA, THIRD EYELID, UVEA, LENS, and VITREOUS with checkboxes for various conditions.

RIGHT EYE / LEFT EYE examination sections for FUNDIS including retinal atrophy, retinal detachment, optic nerve hypoplasia, etc.

I certify that I have performed the ophthalmic examination using ophthalmic fundus, ophthalmoscopy, and biomicroscopy.  
Signature: [Signature] Date: 1/24/04

Specialist, American College of Veterinary Ophthalmologists  
COMMENTS  


Understand my dog is determined to be deaf or will stay a deaf-deaf, but doesn't wish to have this information reported to the public.  
Signature