Owner: Charles M Rogers MD

Address (Street & No., City, Zip Code): 1122 Eagle View Drive SLC UTAH 84092

Animal Registered Name: CH Aspenoto Bobsleigh

Breed/Variety: Golden Medium Coat color/type: Permanent ID #: Microchip

CANINE EYE REGISTRATION FOUNDATION

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

ATTENTION : PLEASE COMPLETE REVERSE SIDE OF FORM FOR CERF CERTIFICATION.

REGISTRATION NO. CNF29637D

"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

PLACE ON HARD SURFACE AND PRESS FIRMLY WHEN WRITING.

FOR CERF USE ONLY

BREED COLOR

SEX: Male Female

BIRTH DATE: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec — DAY YEAR

EXAM DATE: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec — DAY YEAR

NO. 2 PENCIL, BLUE, OR BLACK INK OK

RIGHT EYE LEFT EYE

GLOBE
- microphthalmos

EYELIDS (upper lower / lower upper)
- entropion
- ectropion
- distichiasis
- ectopic cilia
- eury/macro blepharon

THIRD EYELID
- cartilage anomaly/eversion
- gland prolapse

CORNEA
- dystrophy - - epithelial/stromal
- dystrophy - - endothelial
- chronic superficial keratitis/pannus
- exposure keratopathy syndrome

UVEA
- iris cysts
- iris coloboma
- persistent pupillary membranes

LENS (Diff. Inter. Punc.)
- anterior cortex
- posterior cortex
- equatorial cortex
- anterior sutures
- posterior sutures
- nucleus
- capsular
- generalized
- significance of above punctate cataract unknown
- subluxation/luxation

VITREOUS
- degeneration
- persistent hyaloid artery
- PHPV/PTVL

RIGHT EYE LEFT EYE

FUNDUS
- retinal atrophy - - generalized
- retinal atrophy - - suspicious
- retinal dysplasia
- choroidal hypoplasia
- staphyloma/coloboma
- retinal detachment
- retinal hemorrhage
- optic nerve coloboma
- optic nerve hypoplasia
- micropapilla
- OTHER reserved for conditions which are suspected as inherited. Describe in comments.
- OTHER reserved for conditions which are suspected as non-inherited. Describe in comments.

NORMAL

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

Signature [signature] Date 1-8-02

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ACVO # 16

I understand my dog is determined to be clear of inheritable eye disease, but do not wish to have this information released to the public.

Signature

Owner Copy*