



# ACVO - 2018

## National Service Animal Eye Exam

A service provided by your ophthalmologist and the American College of Veterinary Ophthalmologists® Veterinarians – Provide this form to your client and/or use for your own records. The ACVO is no longer collecting forms, please do not send them to the office.

Clinic and/or Veterinary Ophthalmologist: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Years animal 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

