



ACVO/StokesRx

ACVO - 2019

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: Michelle Odea

Owner/Agent Address: 636 Ast Lincoln, NE

Animal Name: Newton Registration Number: _____ Exam Date: 3-25-20

Age: 1yr Breed: Goldendoodle Years animal has been in service: _____

Work Animal Performs: Seizure/Diabetic/Balance
(Police, Drug Detection, Guide Dog for Blind, etc)

Certifying Organization: Domesti-PURS
(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: W

Cornea: _____

Anterior Chamber: _____

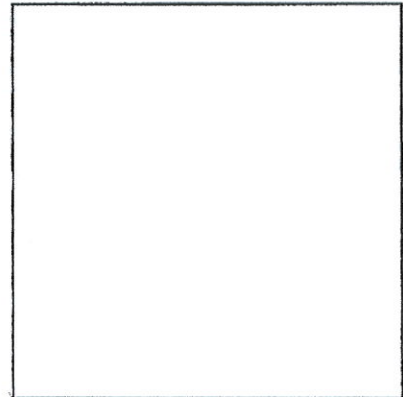
Lens: N

Vitreous: _____

Retina: _____

Doctor's Signature: Joy King

Recommendations: _____



(drawing, if needed)

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



Your Veterinary Ophthalmologist

