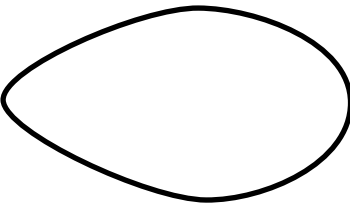
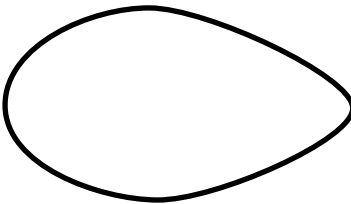
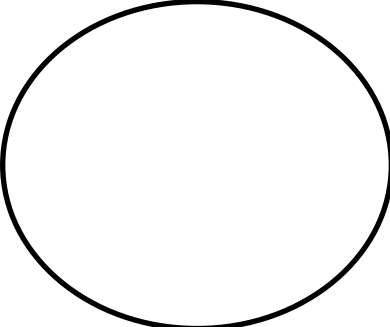
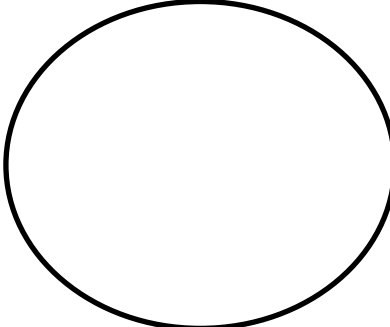
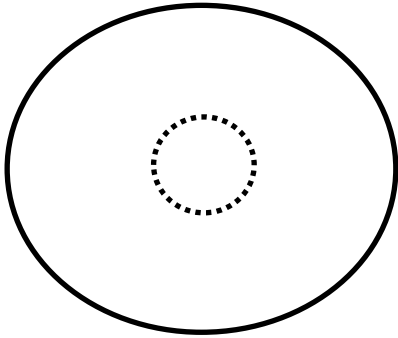
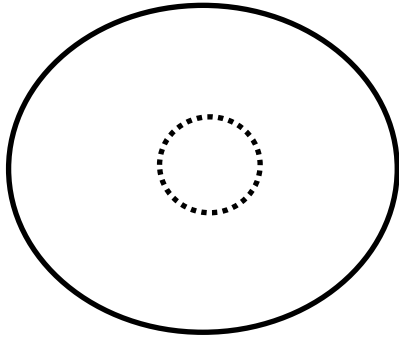
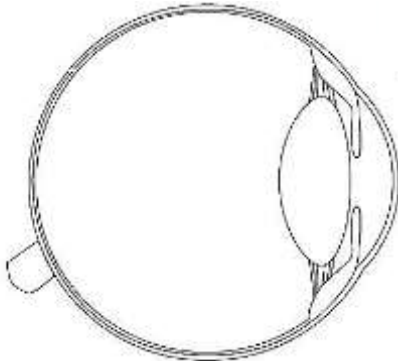
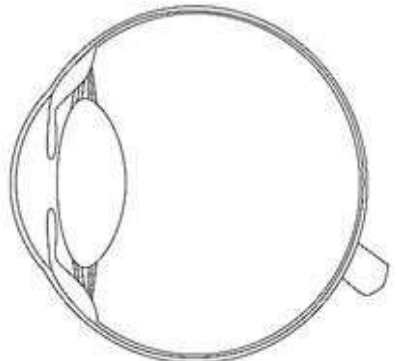
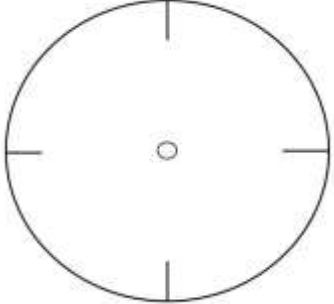
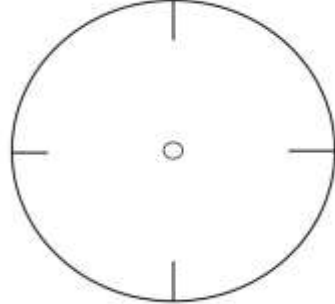




Name:
Breed:
Weight:
Date:

Species:
Age:
ID:
Owner:

Right Eye (OD)		Left Eye (OS)
	1. Symmetry, palpation, etc.	
	2. Swab (Culture), smear	
Consensual _____ Direct _____	3. Pupillary light reflex	Consensual _____ Direct _____
Present _____ Absent _____	4. Dazzle reflex	Present _____ Absent _____
Present _____ Absent _____	5. Menace response	Present _____ Absent _____
	6. Neurophthalmology	
_____ mm/min	7. Schirmer	_____ mm/min
_____ mmHg	8. Intraocular pressure (IOP)	_____ mmHg
	9. Eyelids / third eyelid	
Positive _____ Negative _____	10. Lacrimal system	Positive _____ Negative _____
	11. Jones test	
	12. Conjunctiva	
	13. Cornea	

	14. Anterior chamber	
	15. Pupil and iris	
	16. Lenses and vitreous	
	17. Retina	

Drugs being used:

Diagnosis:

Therapy and additional exams: