



INTERNATIONAL TAMASKAN REGISTER

Eye Exam Form

To be completed by licensed Veterinary ophthalmologist

Veterinary Ophthalmologist Name: _____

Clinic Name: _____

Clinic Address: _____

Dog Owner Name: _____

Registered Name of Dog: _____

Registration Number: _____

Dog Microchip Number: _____

Dog Date of Birth: _____

Date of Exam: _____

Exam Findings:

Circle one: Normal Abnormal

Comments: _____

Veterinary Ophthalmologist Signature: _____

