



# NOTIFICATION OF EYE DISEASES

Please use BLOCK LETTERS

VCA Registered Name: .....

VCA Registration Number: ..... Tattoo/Microchip Number: .....

Date of Birth: ..... Sex: ..... Date test taken: .....

Name of Owner: ..... Address: .....

.....

*I hereby declare that:*

(a) *the particulars above are correct and relate to the dog submitted for examination*

(b) *I give permission for the test to be retained and made available for further research. All results remain in confidence and will only be used for research purposes.*

NOTE: THE MINIMUM AGE FOR ASSESSMENT IS TO BE **SIX MONTHS**

**Owner's signature:** ..... **Date:** .....

**Name of Ophthalmologist:** .....

**Address:** .....

**Signature of Veterinary Surgeon:** ..... **Date:** .....

LABELLING:

The test must be labelled with:

(a) the dog's tattoo/microchip number, (b) VCA registration number, (c) the date.

A copy of the results and completed application form should be sent to:

**Alaskan Malamute Health Officer  
PO Box 41  
Hurstbridge VIC 3099**

CLINICAL DIAGNOSES.

1. Is your dog blind in sunlight? .....YES / NO
2. Does your dog close its eyes, squint, have a watery discharge in daylight? .....YES / NO
3. Is your dog quieter during the day, more active at night? .....YES / NO
4. Does your dog seem to have trouble stepping up eg: into the car or over gutters? .....YES / NO
5. Does your dog have a high-stepping, hackney gait? .....YES / NO

THESE SYMPTOMS ARE NOT NECESSARILY DIAGNOSTIC OF CONE DEGENERATION

**ERG (electroretinogram)** Recommended / Not Needed

**Has the Breeder Been Notified?** YES / NO

**Do you intend to notify the breeder?** YES / NO If no, please state reason: .....

.....

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Sire	PGS	
	PGD	
Dam	MGS	
	MGD	

## OPHTHALMOLOGISTS REPORT

### History

### Findings of Clinical Eye Examination

**ERG:** Recommended / Not indicated

### ERG Report

**DIAGNOSIS:** Normal / Cone degeneration / Other (please state): .....

.....  
.....  
.....  
.....

Examined by: ..... Signed: .....

Date of examination: .....