



CAER/Ocular Melanosis Screening Reimbursement Form

Completed form and report may be emailed to treasurer@cairnterrierhealth.org

Or mail completed form and report to:

Foundation of the CTCA Treasurer
Pat Joyce, 2372 Crestcliff Drive, Tucker, GA 94903

Regional Club: _____

Club Contact: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Amount Requested (\$25 per dog/maximum \$400): _____

Date of Regional Club Health Clinic: _____

Board Certified Ophthalmologist: _____

Number of dogs examined: _____

Reimbursement requirements:

1. Overall findings report must be included (for example—4 had cataracts, 1 had early signs of ocular melanosis). Please DO NOT include kennel names, names of individuals or names of dogs.
2. Reimbursement form must be received no later than 6 months after the date of the clinic **and** prior to September 30th of the current calendar year.
3. Examinations must be performed by a board certified ophthalmologist in conjunction with a regional club health screening clinic.

Disbursements will only be made directly to regional clubs. (Disbursement to individual dog owners is the responsibility of the regional clubs.)

I certify that the aforementioned regional club is in compliance with reimbursement requirements.

Signature: _____ Date: _____

Copies of the ophthalmology report should also be sent to Tammy Erickson, Chairman, Foundation of the CTCA at info@cairnterrierhealth.org.

The Foundation trustees suggest that the results for dogs diagnosed with ocular melanosis be sent to Dr. Simon Petersen-Jones at Michigan State University at peter315@cvm.msu.edu. This will help aid his research project for ocular melanosis. Please visit the Foundation website www.cairnterrierhealth.org for more detailed information.