

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name: Boxyl Crown Silky
 Breed: Golden Retriever
 Colour: Golden
 Date of Birth: 01 DD / 03 / 2020
 Registration No.: 2A006605820
 Microchip No.: 941000020413941
 Sex: Male Female

Previous examination: Yes No
 Unaffected* Undetermined***
 BO** Affected*

OWNER / AGENT

Name: Liane DNA-Tests: Yes Results:
 Surname: von der Haven No Date:
 Address: Earth Cottage, Mountain Rose Farm, Lemel-er, Arde Valley
 Town / City: Hemmenus Code:

I hereby declare that the animal submitted today is the one described above.

Signature owner / agent

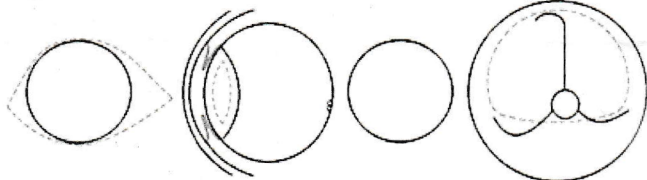
EXAMINATION

Date: 03/04/2020
 Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X
 Optional: Examined before dilation
 Direct Ophthalmoscopy
 Gonioscopy (Without Mydriatic)

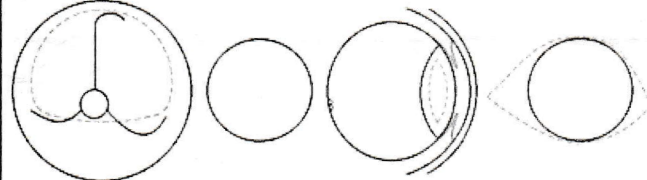
IDENTIFICATION

Check Microchip Correct Absent Incorrect
 Tonometry (Without Mydriatic)
 Other:

Right Eye (OD)



Left Eye (OS)



Descriptive comments:

Results of the presumed inherited eye diseases:

	AFFECTED*	BO**	UNDETERMINED***		AFFECTED*	BO**	UNDETERMINED***
1. Persistent Pupillary Membrane (PPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. L. pectinatum abn. (Only After Gonioscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	geographical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				choroid, hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				coloboma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				fibrae latae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				laminae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				occlusio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				8. Entropion/Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				9. Ectropion/Macroblepharon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				10. Distichiasis/Ectopic Cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				11. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				13. Lens luxation (primary) / Zonula Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				14. Progressive Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				UNAFFECTED*		<input checked="" type="checkbox"/>	

Interpretation

* "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.
 ** BO = Breeder's Option: Entity is suspected to be inherited, but does not represent potential compromise of vision or other ocular function
 *** Undetermined: Further development will confirm the diagnosis. Re examination in 12 Months.

Practice Stamp

Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.
 Veterinarian's Name: C.S. Bacher
 Practice Tel No: 021-930 6632 Date: 03/04/2020
 Signature Examiner: [Signature] Signature Veterinarian