G 2978

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	BONVL GLOWING DAWN		
Breed	GOLDEN RETRIEVER	Registration No.	ZA00371913
Colour	GOLDEN	Microchip No.	953000029 1981
Date of Birth	20/12/2018	Sex: Male ☐ Female ☑	

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

OWNER / AGENT

Name	MRS L VAN DER HOVEN-FERREIRA	DNA-Tests: Yes ☐ No ☐	Results: Date
Surname	VAN DER HOVEN-FERREIRA		
Address	SUITE 69 PRIVATE BAG X16		
Town / City	HERMANUS	Code	7200

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

EXAMINATION

Date 11/11/2019

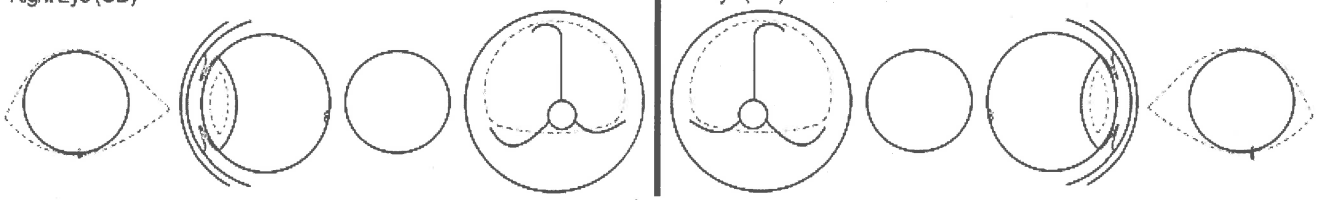
IDENTIFICATION

Check Microchip ☐ Correct ☐ Absent ☐ Incorrect

Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

Optional:
- ☐ Examined before dilation
- ☐ Direct Ophthalmoscopy
- ☐ Gonioscopy (Without Mydriatic)
- ☐ Tonometry (Without Mydriatic)
- Other:

Right Eye (OD) / Left Eye (OS)



Descriptive comments: Bilateral Distichiasis lower eyelids

Results of the presumed inherited eye diseases:

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

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

Cape Animal Eye Hospital
Tel: 021 930 6632
Practice #: FH 12/11494

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.J. Bucho
Practice Tel No: 021-930 6632 Date: 11/11/2019
Signature Examiner: CJBucho

THIS CERTIFICATE IS ISSUED IN THE LIGHT OF CURRENT KNOWLEDGE, AND IS VALID FOR 12 MONTHS