Kennel Union of South Africa | South African Veterinary Association | Federation Cynologique Internationale

# International Hip/Elbow Dysplasia Certificate

Certificate no. R4076

| | | |
|---|---|---|
| **NAME** | : | **BONYL JOYOUS ALANA** |
| **BREED** | : | **RETRIEVER (GOLDEN)** |
| **SEX** | : | **BITCH** |
| **REGISTRATION NUMBER** | : | **ZA036071B13** |
| **MICROCHIP NUMBER** | : | **4C42094C29** |
| **DATE OF BIRTH** | : | **2013:09:12** |
| **DATE OF RADIOGRAPHS** | : | **2015:03:17** |
| **OWNER** | : | **MRS L VAN DER HOVEN<br>POSTNET SUITE 69,<br>PRIVATE BAG X16<br>7200 HERMANUS** |

**CLASSIFICATION**

| | Left side | Right side |
|---|---|---|
| Hip dysplasia | C2 | Previous trauma with femoral head amputation |
| Elbow dysplasia | 0 | 0 |

The above radiographs have been evaluated by the undersigned official scrutineer according to the guidelines of the Federation Cynologique Internationale and the International Elbow Working Group (ML views only)

VetImaging Specialists

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29 April 2015

This certificate does not imply genetic normality and is issued without any alterations

HERMANUS ANIMAL HOSPITAL INC

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2015/05/28

To whom it may concern,

I hereby certify that the golden retriever bitch Alana of Bonyl, belonging to Mrs Liane van der Hoven, was injured on her right hip on 07/03/2014. The femure head was removed as a fracture of the neck had occured. The injury was caused by a horse kicking the dog. She was 8 months old at the time. Her hips were good at that stage. X rays were submitted to Prof Kirberger at the time of her being X rayed for hip & elbow displasia on 17/03/2015.

Sandy Waddingham (BVSc)
Hermanus Animal Hospital

# SAVA EYE EXAMINATION CERTIFICATE
# SAVV OOGONDERSOEKSERTIFIKAAT

E 1409

Registered Name / Registrasienaam: Bonyl Joyous Alana
Reg. No. / Nr.: ZA036071B13 Tattoo /Chip No / Nr: 4C42094C29 Breed / Ras: Golden retriever
Colour / Kleur: Golden Sex /Geslag: Female Date of Birth / Geboortedatum: 12/9/2013

Owner's Name/Eienaar se Naam: L. van der Hoven Tel: No/Nr: [redacted]
Address/ Adres: Suite 69, Private Bag X 16
Hermanus Postal Code/ Poskode: 7200
Owner's Veterinary Surgeon / Eienaar se Veearts: Sandy Waddingham Location / Plek: Hermanus

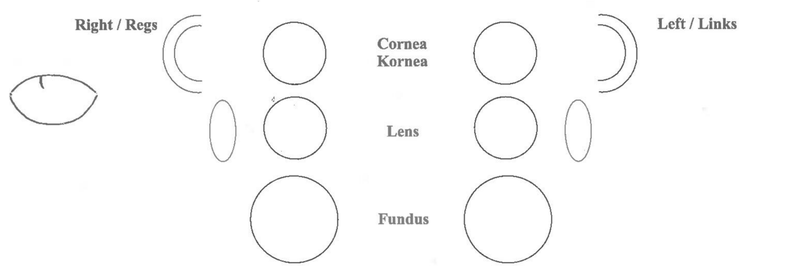
Previous Examination / Vorige Ondersoek Yes/ Ja ☐ No/ Nee ☒ Date: ../../.. Veterinarian / Veearts .....
Result / Resultaat: Normal / Normaal ☐ Abnormal / Abnormaal ☐
I hereby declare that the animal submitted today is the one described above. / Hiermee verklaar ek dat bogenoemde dier, die een is wat vandag ondersoek is.
Signature / Handtekening: ..... Date/ Datum: 12/6/15
(Owner, Agent/ Eienaar, Agent)

## EXAMINATION TECHNIQUE / ONDERSOEKTEGNIEK,

OBLIGATORY / VERPLIGTEND: Mydriatic / Midriatikum ☑ Biomicroscopy/ Biomikroskopie ☑
Ophthalmoscopy / Oftalmoskopie: Indirect / Indirek ☑ Direct / Direk ☑
OPTIONAL / OPSIONEEL: Tonometry / Tonometrie ☐ Gonioscopy / Gonioskopie ☐
Other / Ander: .....

## RESULTS / RESULTATE

| | Normal / Normaal | Presumed Inherited / Vermoedelik Oorerflik | Nature of Lesion / Aard van die Verandering |
|---|---|---|---|
| Lids/ Ooglede | X | No | Distichiasis (OD) Right eye (Abnormal Eyelash) |
| Cornea / Kornea | ✓ | | Lo. Nrmg. angle. |
| Iris | ✓ | | |
| Lens | ✓ | | |
| Vitreous / Glasliggaam | ✓ | | |
| Fundus | | | |
| Other / Ander | | | |




**Next Examination / Volgende Ondersoek:** Annually/ Jaarliks ☑ Months / Maande ☐

**RESULT OF THE EXAMINATION / RESULTAAT VAN DIE ONDERSOEK**

Affected / Geaffekteerd ☑ Unaffected / Nie geaffekteerd ☐ Undetermined / Onseker ☐

Date/ Datum: 12/6/15 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): Lo-An Odgar
Practice Tel: No: / Praktyk se Tel Nr: (021) 930 6632 Signature / Handtekening .....

THIS CERTIFICATE IS ISSUED IN THE LIGHT OF CURRENT KNOWLEDGE, AND IS VALID FOR 12 MONTHS.
HIERDIE SERTIFIKAAT IS IN DIE LIG VAN VANDAG SE KENNIS UITGEREIK, EN GELD VIR 12 MAANDE.