


# SAVA EYE EXAMINATION CERTIFICATE

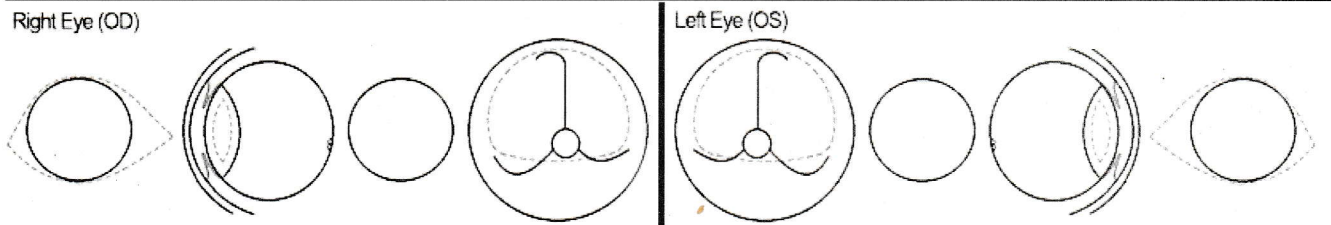
ANIMAL			
Name	BONYL KNOX COBOLT		
Breed	GOLDEN RETRIEVER	Registration No.	ZA005918 B 21
Colour	GOLDEN	Microchip No.	94500 000 1859583
Date of Birth	16 DD / 02 / 2021	Sex: Male	<input checked="" type="checkbox"/> Female <input type="checkbox"/>

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

OWNER / AGENT			
Name	WIANE	DNA-Tests: Yes	<input type="checkbox"/> Results:
Surname	VAN DER HOVEN-FERREIRA	No	<input type="checkbox"/> Date
Address	SUITE 69 POSTNET SANDBAAT		
Town / City	HERMANUS	Code	7200

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


EXAMINATION	IDENTIFICATION
Date	03/08/2021
Method Minimal:	Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X
Optional:	<input type="checkbox"/> Examined before dilation <input type="checkbox"/> Direct Ophthalmoscopy <input type="checkbox"/> Gonioscopy (Without Mydriatic)
	Check Microchip <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Absent <input type="checkbox"/> Incorrect <input type="checkbox"/> Tonometry (Without Mydriatic) <input type="checkbox"/> Other:



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 geographical total	<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"/>	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
<b>Cape Animal Eye Hospital</b> Tel: 021 930 6632 Practice #: FH 12/11494	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. Boucher
	Practice Tel No: 021 930 66 32 Date: 03 / 08 / 2021
	Signature Examiner:  Veterinarian