G 0668

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	Bony) Oxbridge Paisley		
Breed	Golden Retriever	Registration No.	ZA 009308 B24
Colour	Gold	Microchip No.	900 11 300 315 3369
Date of Birth	04/07/2024	Sex: Male ☐ Female ☒	

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

OWNER / AGENT

Name	Liane	DNA-Tests: Yes ☐ No ☐	Results:
Surname	van der Hoven - Ferreira		Date
Address			
Town / City	Hermanus	Code	

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

EXAMINATION

Date: 30/11/2024

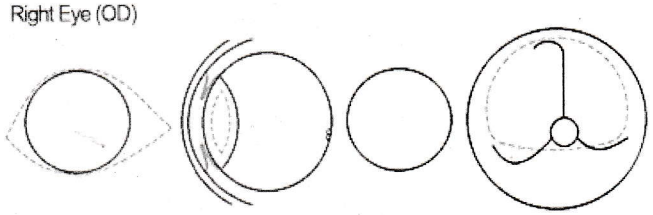
Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

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

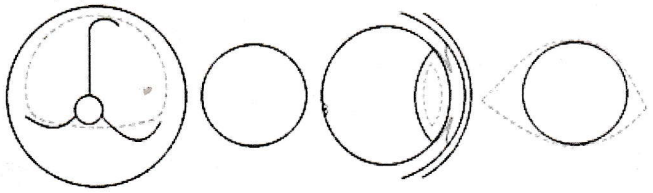
IDENTIFICATION

Check Microchip ☑ Correct ☐ Absent ☐ Incorrect

Right Eye (OD)



Left Eye (OS)



Descriptive comments:

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 ☐

	AFFECTED*	BO**	UNDETERMINED***
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. Bucho

Practice Tel No: 021-930 6632 Date: 30/11/2024

Signature Examiner: C Bucho Signature Veterinarian

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