

Robert M Kirberger

BVSc MMedVet(Rad) DipECVDI

VETERINARY RADIOLOGIST / VETERINÈRE RADIOLOOG

✉ 72609

LYNNWOODRIF / RIDGE
0040

☎ (012) 361-5335

E-mail kirberger@icon.co

HEUPDISPLASIE SERTIFIKAAT ... HIP DYSPLASIA CERTIFICATE

06 February 2006

K6226

NAME : TAMNAVULIN CELTIC PRINCE
BREED : RETRIEVER (GOLDEN)
SEX : DOG
REGISTRATION NUMBER : BW 008547
MICROCHIP NUMBER : 97800000333924
DATE OF BIRTH : 2005:01:08
DATE OF RADIOGRAPHS : 2006:01:26
OWNER : MRS I KELLOCK
64 KRANTZVIEW ROAD
KLOOF
3610 DURBAN

Ek sertifiseer hiermee dat ek ingestuurde X-straalfotos van die bekken van die hond wat hierbo geïdentifiseer is vir heupdisplasie ondersoek het en dat, na my mening, die heupgewrigte voldoen het aan die aanvaarde standaard van normaliteit (graad 0-0)

I hereby certify that I have examined submitted radiographs of the pelvis of the dog identified above for hip dysplasia and that, in my opinion, the hip joints conformed to the accepted standards of normality (grade 0-0)


R.M. KIRBERGER

Hierdie sertikaat impliseer nie dat die hond noodwendig geneties vry sal wees van heupdisplasie nie.

This certificate does not imply that the dog will necessarily be genetically free from hip dysplasia.

2014
Maggie
D2481

SAVA EYE EXAMINATION CERTIFICATE SAVV OOGONDERSOEK SERTIFIKAAT

Registered Name / Registrasiernaam: CH TAMNAVULIN CELTIC PRINCE
Reg. No. / Nr: B.W.0.08547 Tattoo / Chip No / Nr: 975 000 000 33924 Breed / Ras: GOLDEN RETRIEVER
Colour / Kleur: DARK GOLD Sex / Geslag: D Date of Birth / Geboortedatum: 01/11/05

Owner's Name/Eienaar se Naam: MRS I.E. KELLOCK Tel: No/Nr: 031 7622980
Address/ Adres: 21 ELIZABETH DRIVE
FOREST HILLS Postal Code/ Poskode: 3610
Owner's Veterinary Surgeon / Eienaar se Veearts: DR G. MURRAY Location / Plek: WINSTON PARK

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.

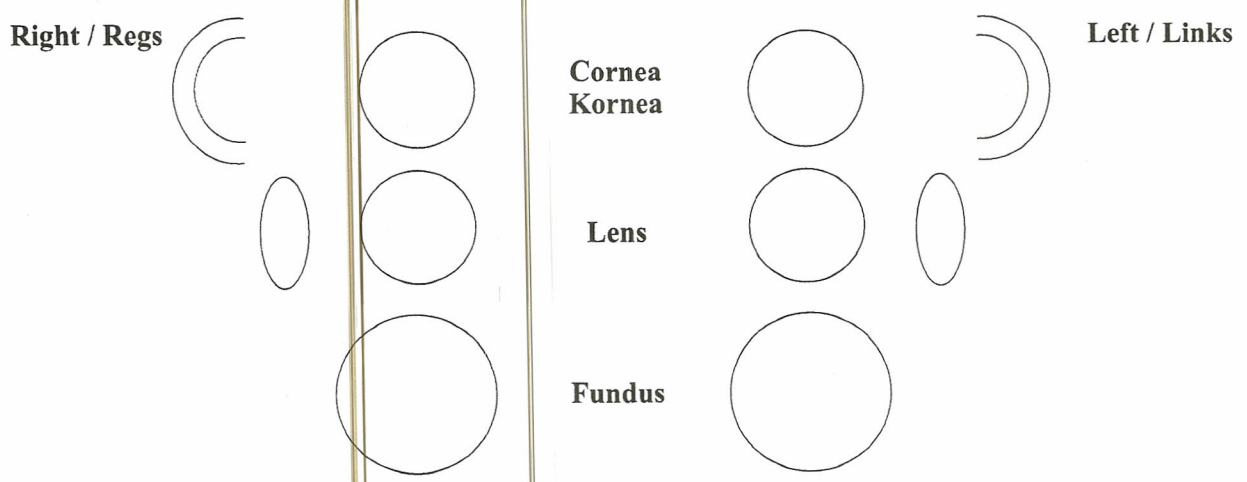
Signature / Handtekening: Jane Kellock Date/ Datum: 18/8/10
(Owner, Agent/ Eienaar, Agent)

EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

OBLIGATORY / VERPLIGTEND: Mydriatic / Midriaticum 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	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			



Next Examination / Volgende Ondersoek: Annually/ Jaarliks Months / Maande

RESULT OF THE EXAMINATION / RESULTAAT VAN DIE ONDERSOEK

Affected / Geaffekteerd Unaffected / Nie geaffekteerd Undertermined / Onseker

Date/ Datum: 18/8/2010 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): A. Goodhead

Practice Tel: No: / Praktyk se Tel Nr: 011-4651237 Signature / Handtekening: [Signature]

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.

10am

2014

SAVA EYE EXAMINATION CERTIFICATE SAVV OOGONDERSOEKSERTIFIKAAT

D 2226

Registered Name / Registrasienaam: CH TAMNAVULIN CELTIC PRINCE
Reg. No. / Nr: BNO08547 Tattoo / Chip No / Nr: 9780000033394 Breed / Ras: GOLDEN RETRIEVER
Colour / Kleur: GOLD Sex / Geslag: D Date of Birth / Geboortedatum: 8.11.05

Owner's Name/Eienaar se Naam: MRS T KELLOC Tel: No/Nr: 031 7644895
Address/ Adres: 64 KRANTZVLIEN RD

Owner's Veterinary Surgeon / Eienaar se Veearts: DR G MURRAY Location / Plek: WINSTON PARK
Postal Code/ Poskode: 3610

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.

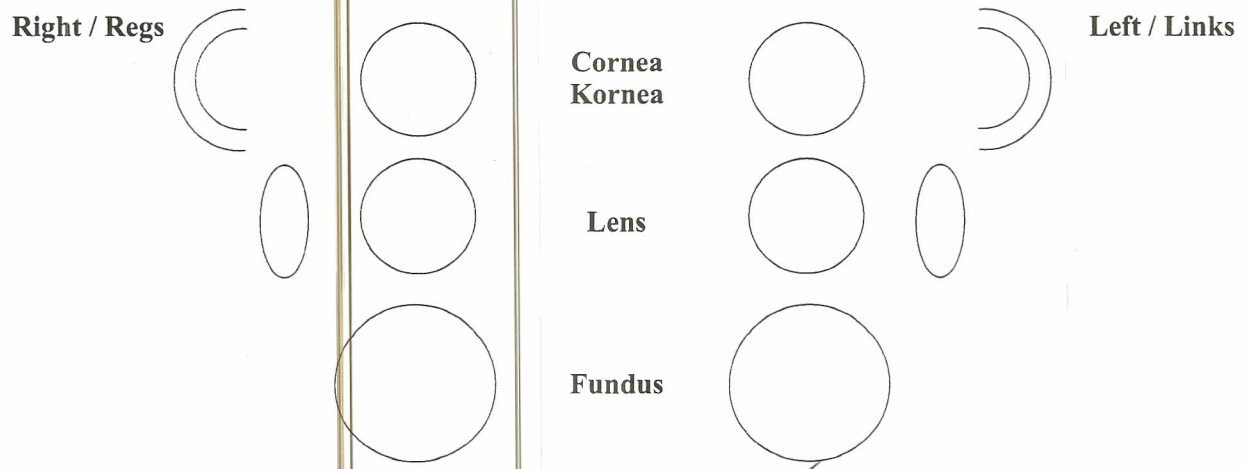
Signature / Handtekening: Jane Kellock Date/ Datum: 19.5.09
(Owner, Agent/ Eienaar, Agent)

EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

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	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			



Next Examination / Volgende Ondersoek: Annually/ Jaarliks Months / Maande

RESULT OF THE EXAMINATION / RESULTAAT VAN DIE ONDERSOEK

Affected / Geaffekteerd Unaffected / Nie geaffekteerd Undertermined / Onseker

Date/ Datum: 19.5.09 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): Lo-An Odger

Practice Tel: No: / Praktyk se Tel Nr: (031) 465-1237 Signature / Handtekening: [Signature]

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.



SAVA EYE EXAMINATION CERTIFICATE SAVV OOGONDERSOEKSERTIFIKAAT

A1466

Registered Name / Registrasiernaam: CH. TAMNAVULIN CELTIC PRINCE
 Reg. No. / Nr: BW008547 Tattoo / Chip No / Nr: Breed / Ras: Gold. Ret.
 Colour / Kleur: Gold Sex / Geslag: M Date of Birth / Geboortedatum: 09/30/2015
 Owner's Name/Eienaar se Naam: Mrs. Kellock Tel: No/Nr: 764 4895
 Address/ Adres: 64. Krentzview Road Postal Code/ Poskode: 3610
 Owner's Veterinary Surgeon / Eienaar se Veearts: Dr. Murray Location / Plek:

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: Jane Kellock Date/ Datum: 17/1/08
 (Owner, Agent/ Eienaar, Agent)

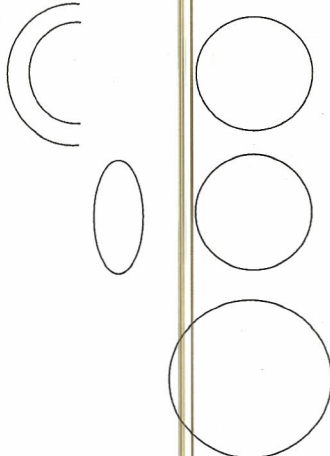
EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

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

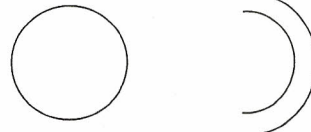
RESULTS / RESULTATE

	Normal / Normaal	Presumed Inherited / Vermoedelik Oorerflik	Nature of Lesion / Aard van die Verandering
Lids/ Ooglede	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			

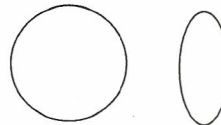
Right / Regs



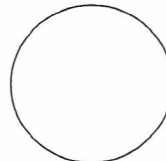
Cornea / Kornea



Lens



Fundus



Left / Links

Next Examination / Volgende Ondersoek: Annually/ Jaarliks Months / Maande

RESULT OF THE EXAMINATION FOR INHERITED EYE DISEASES / RESULTAAT VAN DIE ONDERSOEK VIR OORERFLIKE OOGSIEKTES

Affected / Geaffekteerd Unaffected / Nie geaffekteerd Undertermined / Onseker

Date/ Datum: 17/1/08 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): A. D. GODWEN

Practice Tel: No. / Praktyk se Tel Nr: 04-4651237 Signature / Handtekening: [Signature]

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.

White Copy - Owner: Yellow Copy - Examining Veterinarian: / Wit Kopie - Eienaar: Geel Kopie - Ondersoekende Veearts

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SAVA EYE EXAMINATION CERTIFICATE

SAVV OOGONDERSOEKSERTIFIKAAT

A0068

Registered Name / Registrasiename: TAMNAULIN CELTIC PRINCE
 Reg. No. / Nr: B.N.O.08547 Tattoo / Chip No / Nr: 97800000333994 Breed / Ras: GOLDEN RETRIEVER
 Colour / Kleur: GOLD Sex / Geslag: DOG Date of Birth / Geboortedatum: 8.11.06

Owner's Name/Eienaar se Naam: MRS I KEUCC Tel: No/Nr: 031 7644895
 Address/ Adres: 64 KRANTZVIEW ROAD
KLOOF Postal Code/ Poskode: 3610
 Owner's Veterinary Surgeon / Eienaar se Veearts: DR. G. MURRAY Location / Plek: KLOOF

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: Jane Keucc Date/ Datum: 2/2/06
 (Owner, Agent/ Eienaar, Agent)

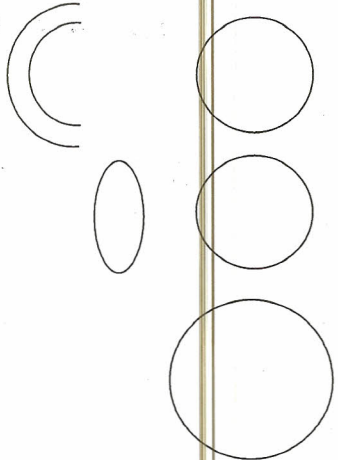
EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

OBLIGATORY / VERPLIGTEND: Mydriatic / Midriaticum 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	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			

Right / Regs

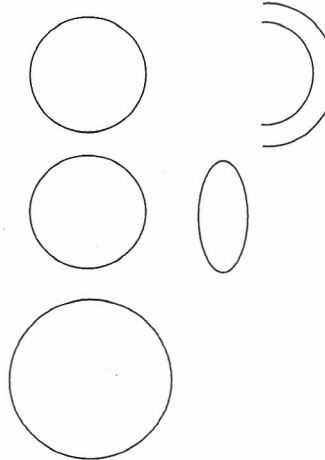


Cornea / Kornea

Lens

Fundus

Left / Links



Next Examination / Volgende Ondersoek: Annually/ Jaarliks Months / Maande

RESULT OF THE EXAMINATION FOR INHERITED EYE DISEASES / RESULTAAT VAN DIE ONDERSOEK VIR OORERFLIK OOGSIENDES

Affected / Geaffekteerd Unaffected / Nie geaffekteerd Undertermined / Onseker

Date/ Datum: 2/2/06 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): AD. GOODHEAD

Practice Tel: No: / Praktyk se Tel Nr: 011-4651237 Signature / Handtekening: [Signature]

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White Copy - Owner: Yellow Copy - Examining Veterinarian: / Wit Kopie - Eienaar: Geel Kopie - Ondersoekende Veearts

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Robert M Kirberger

BVSc MMedVet (Rad) DipECVDI

VETERINARY RADIOLOGIST / VETERINÈRE RADIOLOOG

CARIBAEASTRAAT 158 CARIBAEA STREET

☒ 72609

LYNNWOODRIF / RIDGE 0040

TEL/FAX : 012 361 5335

E-MAIL : kirberger@icon.co.za


2006:02:01
Report 1142

ELBOW DYSPLASIA REPORT

NAME : TAMNAVULIN CELTIC PRINCE
BREED : RETRIEVER (GOLDEN)
SEX : DOG
REGISTRATION NUMBER : BW 008547
COLOUR : GOLDEN
DATE OF BIRTH : 2005:01:08
DATE OF RADIOGRAPHS : 2006:01:26
OWNER : MRS I KELLOCK
64 KRANTZVIEW ROAD
KLOOF
3610 DURBAN

I, the undersigned, hereby declare that I have examined submitted radiographs of the above dog for canine elbow dysplasia according to the criteria of the International Elbow Working Group.

It is my opinion that this dog shows no radiological evidence of elbow dysplasia (grade 0-0)



.....
R M Kirberger



inqaba biotec

inqaba biotec

P.O Box 14356
Hatfield
South Africa
0028

Tel: 012 343 5829
Fax: 012 343 0287
e-mail: animalgenetics@inqababiotec.co.za
Web: www.inqababiotec.co.za

Date: 2011-06-17

REPORT: PROGRESSIVE RETINAL ATROPHY PRC

Owner's name: Mrs. I. Kellock

Owner's address: 21 Elizabeth Drive
Forest Hills
Kwazulu-Natal

Owner's telephone number: 031 762 2980

Animal's name: CH Tamnavulin Celtic Prince

Breed: Golden retriever

Registration number: BW008547

Microchip number: 978000000333924

Sample sent: Whole blood

Tests performed: Progressive retinal atrophy progressive rod cone dystrophy mutation screening (mutation screening G>A)

Result: Animal is clear (Normal/Normal)

Results obtained from testing:

The results indicated that the animal is homozygous (clear) and no causative mutation (G>A) is present.