G 1654

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	KARPATEN IRBIS OCTAVIO		
Breed	GERMAN SHORTHAIRED POINTER	Registration No.	[redacted]
Colour		Microchip No.	[redacted]
Date of Birth		Sex: Male ☒ Female ☐	

Previous examination: Yes ☐ No ☐

Unaffected* ☐ BO** ☐ Undetermined*** ☐ Affected* ☐

OWNER / AGENT

Name	K	DNA-Tests: Yes ☐ No ☐	Results:
Surname	EUNRARD		Date
Address	[redacted]		
Town / City		Code	[redacted]

I hereby declare that the animal submitted today is the one described above. [signature]

EXAMINATION

Date: 27 9 2019

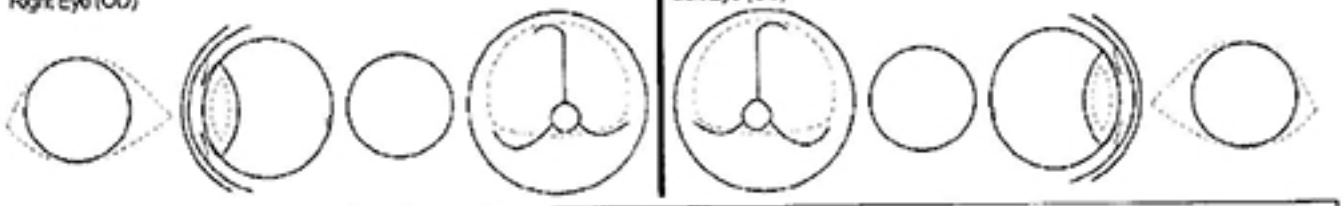
Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

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 - 5
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 _____ Months.

Practice Stamp

Johannesburg
Animal Eye Hospital
Tel: 011 465 1237
Practice #: FH 097/0157

Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Veterinarian's Name: Goodhart

Practice Tel No: 011 465 1237 Date: 27 9 2019

Signature Examiner: [signature]

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