



CERTIFICATE OF EYE EXAMINATION

ANIMAL

NAME
BREED
REGISTRATION NR
MICROCHIP NR
TATOO
DATE OF BIRTH

BREEDCLUB ...
COLOUR

SEX - FEMALE MALE

PREVIOUS EXAMINATION - YES UNAFFECTED UNDETERMINED SUSPICIOUS AFFECTED
NO

IF ABNORMAL - DATE

DNA - TEST - YES NO

OWNER/AGENT

NAME
ADDRESS ...

THE UNDERSIGNED AGREES TO THE RULES OF THE NATIONAL SCHEME AND CONFIRMS THAT THE ANIMAL SUBMITTED FOR EXAMINATION IS THE ONE DESCRIBED ABOVE.

.....
Signature owner/agent

EXAMINATION

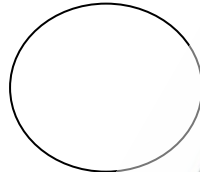
DATE

IDENTIFICATION

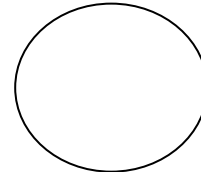
CHECK MICROCHIP/TATOO - CORRECT , INCORRECT

METHOD OF EXAMINATION ; MYDRIATIC , INDIRECT OPHTHALMOSCOPY , DIRECT OPHTHALMOSCOPY
BIOMICROSCOPY > 10 X , GONIOSCOPY , TONOMETRY

RIGHT EYE



LEFT EYE



IOPR mmHg

IOPL mmHg

RESULTS FOR THE PRESUMED HEREDITARY EYE DISEASES (results valid for 12 months)

	UNAFFECTED	UNDETERMINED	AFFECTED
1. MPP (IRIS <input type="checkbox"/> , LENS <input type="checkbox"/> , LAMINA <input type="checkbox"/> , CORNEA <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PHTVL/PHPV (GRAD 1 <input type="checkbox"/> , GRAD 2-6 <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CATARACT (CONGENITAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. RD (FOCAL <input type="checkbox"/> , GEOGRAFIC <input type="checkbox"/> , TOTAL <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HYPOPLASIA/MICROPAPILLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CEA (CHOROID HYPOPL. <input type="checkbox"/> , COLOBOMA <input type="checkbox"/> , RET. DETECH. <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. DYSPL. L. PECTINATUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ENTROPIUM/TRICHIASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ECTROPIUM/MACROBLEPHARON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. DISTICHIA/ECTOPIC CILIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. CORNEAL DYSTROPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. CATARACT (NON-CONGENITAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. PRIMARY LENS LUXATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. PRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION COMMENTS

AFFECTED BY

THE UNDERSIGNED HAS TODAY EXAMINED THE ABOVE MENTIONED ANIMAL FOR THE HEREDITARY EYE DISEASE SCHEME WITH THE RESULTS;

EYE - UNAFFECTED UNDETERMINED AFFECTED

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