

CERTIFICATE OF EYE EXAMINATION



Animal:

Name HUNTER v. BOGENTHAL
 Breed ENTLEBUCHER SENNENHUND
 Sex male female Date of birth 4.6.2011 Coat colour ČERNO - HNĚDO - BILÝ
 Studbook N^o PKR II - 108076 Microchip N^o 756098100534968
 Tattoo N^o _____ Previous eye exam. yes no Result negative positive partial changes vague changes

Owner:
 Name SZYMURA ANDRZEJ
 Address: Street WODZIŚLAWSKA N^o 240 Town ZORY Post code 44 240
 Phone N^o 503570994 Country POLSKA
 Owner certified verity of above-mentioned specification A. Szymura

Examination Date 28-12-2012
 Methods direct ophthalmoscopy gonioscopy indirect ophthalmoscopy funduscamera aplanation tomometry others
Animal identification
 Tattoo correct unreadable incorrect absent
 Microchip correct incorrect absent
 SFTL: o.dex.:mm/min 23 IOP: o.dex.:mmHg 35
 o.sin.:mm/min 24 o.sin.:mmHg 21

OCULUS DEXTER				OCULUS SINISTER			
Ant	Post	Med./Nas	Lat./Temp	Ant	Post	Med./Nas	Lat./Temp
Adnexa	Bulbus	Cornea		Iris	Lens	Vitreus	Fundus

UNAFFECTED
 AFFECTED
 COMMENT

Result of examination

Animal - IS UNAFFECTED - IS FAR FROM CLEAR - IS TEMPORARILY AFFECTED - IS AFFECTED - of characteristic clinical sings typical of undermentioded hereditary eye diseases.

Results of examination are valid for 12 months.

UNAFFECTED	FAR FROM CLEAR	AFFECTED	UNAFFECTED	TEMPORARILY AFFECTED	AFFECTED
<input checked="" type="checkbox"/> Microphthalmie	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entropium	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Palpebral aplasia / Kolobom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ektropium / Euryblepharon	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Atresia punct. lacrimale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PPM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Goniodyplasia / Glaukom (prim.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PHTVL / PHPV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cataracta	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CEA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PRA	<input type="checkbox"/>	<input type="checkbox"/>

Examiner 1235 MUDr. PETR STANA
 VETPARK Ostrava
 Examination certificate N^o: 1957