

CERTIFICATE OF EYE EXAMINATION

Animal:

Name: ILK BLACK GONG
 Breed: dobermann
 Sex: male female Date of birth: 13.9.2002 Coat colour: brown, short
 Studbook N^o: CHEU/DB/6623/02/02 Microchip N^o:
 Tatoo N^o: 6623 Previous eye exam. yes no Result negative positive partial changes vague changes

Owner:

Name: Hofyřin' Mikulka
 Adress: Street: Rybnokce N^o: 10 Town: Rybnokce Post-code: 24062
 Phone N^o: Country: Czech Republic

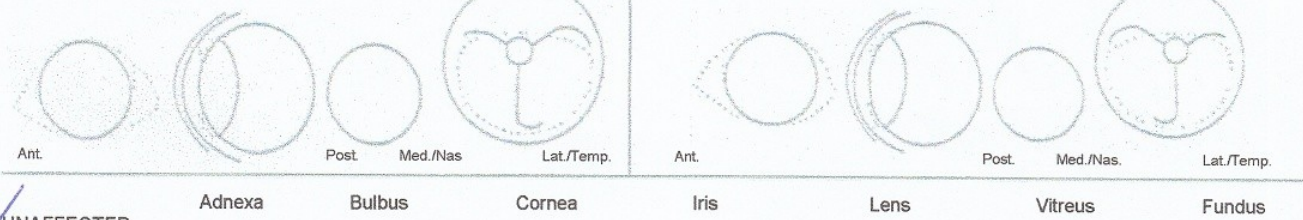
Owner certified verity of above-mentioned specification [Signature]

Examination Animal identification

Date: 16. 12. 2009
 Methods: direct ophthalmocopy gonioscopy indirect ophthalmocopy funduscamera aplanation tomometry others
 Tatoo: correct unreadable incorrect absent
 Microchip: correct incorrect absent
 STT I: o.dex.:mm/min o.sin.:mm/min
 IOP: o.dex.:mmHg o.sin.:mmHg

OCULUS DEXTER

OCULUS SINISTER



UNAFFECTED

AFFECTED

COMMENT

Result of examination

Animal IS UNAFFECTED – IS FAR FROM CLEAR – IS TEMPORARILY AFFECTED - IS AFFECTED – of characteristic clinical sings typical of under mentioned 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"/> Goniodyspasia / 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
Barbara Lenská DVM,

Examination certificate N^o:

veterinární klinika
NETLIFE s.r.o.
 MVDr. Barbara Lenská, r.č. 4463
 Velvarská 1283, Kladno, 273 09