

CERTIFICATE OF EYE EXAMINATION

Animal:

Name: CHARM ANTIS
 Breed: doberman
 Sex: male female Date of birth: 16.5.2005 Coat colour: shorty brown
 Studbook N°: CHKO/DB/4390/05 Microchip N°: _____
 Tatoo N°: 4390 Previous eye exam. yes no Result: negative partial changes positive vague changes

Owner:

Name: Hofy's Hradecká
 Address: Street Rynholec N° 10 Town Rynholec Post-code: 29062
 Phone N°: _____ Country: Czech Republic
 Owner certified verity of above-mentioned specification: [Signature]

Examination Animal identification

Date: 14. 6. 2009
 Methods: direct ophthalmoscopy gonioscopy indirect ophthalmoscopy 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			
Ant.	Adnexa	Bulbus	Cornea	Ant.	Lens	Vitreus	Fundus
UNAFECTED							

AFFECTED _____
 COMMENT _____

Result of examination

Animal IS UNAFECTED – 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.

UNAFECTED	FAR FROM CLEAR	AFFECTED	UNAFECTED	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°: _____
VETLIFE s.r.o.
 MVDr. Barbara Lenská, r.č. 4462
 Velvarská 1283, Kladno, 273 09