

## CERTIFICATE OF EYE EXAMINATION

**Animal:**  
 Name: AKLARO HEART BREAKER FOR ORLEANSNOW  
 Breed: SAMOYED  
 Sex:  male  female Date of birth: 29.4.2014 Coat colour: WHITE  
 Studbook N<sup>o</sup>: CMKU/S/2530/-14/14/15 Microchip N<sup>o</sup>: GPP010000052034  
 Tatoo N<sup>o</sup>: \_\_\_\_\_ Previous eye exam.  yes  no Result  negative  positive  partial changes  vague changes

**Owner:**  
 Name: MARCELA LUXOVA  
 Address: Street SPORTOVNI N<sup>o</sup> 545 Town KRALIKY Post-code 56169  
 Phone N<sup>o</sup>: \_\_\_\_\_ Country CZECH REPUBLIC

Owner certified verity of abowe-mentioned specification \_\_\_\_\_

**Examination**  
 Date: 6.4.2016  
 Methods:  direct ophthalmocopy  gonloscopy  
 indirect ophthalmocopy  funduscamera  
 aplanation tomometry  others

**Animal identification**  
 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.	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  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
<input checked="" type="checkbox"/> Microphthalmie	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Palpebral aplasia / Kolobom	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Atresia punct. lacrimale	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PPM	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Goniodysplasia / Glaukom (prim.)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PHTVL / PHPV	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CEA	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RD	<input type="checkbox"/>	<input type="checkbox"/>

UNAFFECTED	TEMPORARILY AFFECTED	AFFECTED
<input checked="" type="checkbox"/> Entropium	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Ektropium / Euryblepharon	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cataracta	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PRA	<input type="checkbox"/>	<input type="checkbox"/>

**Examiner:**  
 Jiri Beránek DVM,  
 ESVO member

Examination certificate N<sup>o</sup>:

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