



Certificate of eye examination

European College of Veterinary Ophthalmologists

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For practice purposes only

Animal

Name, Breed, Registration no., Microchip no., Date of birth, Sex, Colour, Tattoo, Breedclub

Owner/agent

Name, Address, Country, Post code, Town

The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use.

Invalid certificate - for training purposes only

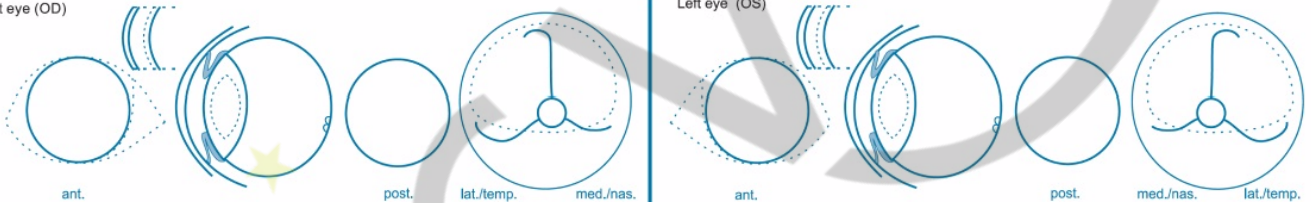
Signature owner/agent

Examination Identification

Date, Check microchip/tattoo, Method minimal, Optional, Other methods and comments

Right eye (OD)

Left eye (OS)



Descriptive comments

- 15. Other lens opacity: punctata, suture line tip, suture line, nuclear ring, nuclear fiberglass/pulverulent
8. ICAA : PLA: mild, moderate, severe
ICA: narrow (moderate), closed (severe)

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Eye disease no: Severe

Table with columns: Results for the known or presumed hereditary eye diseases, Results valid for 12 months. Rows include PPM, PHTVL/PHPV, Cataract, RD, Hypoplastic-Micro-papilla, CEA, ICA, Entropion, Ectropion, Distichiasis, Corneal dystrophy, etc.

Interpretation

* "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.
** "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.
*** "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

FOR FURTHER INFORMATION: P.T.O. Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.
The certificate is valid without signature of the examiner.
The authenticity and validity of the certificate can be checked by scanning the QR code (left side).

Name, Place

For practice purposes only
Signature examiner, authorized by ECVO