

SAVA EYE EXAMINATION CERTIFICATE SAVV OOGONDERSOEKSERTIFIKAAT

E 1263

Registered Name / Registrasiernaam: ALSACIAE FINAL PING OF CONKASHA
 Reg. No. / Nr: ZA0062314 Tattoo / Chip No / Nr: 9000320097418 Breed / Ras: Labrador
 Colour / Kleur: Yellow Sex / Geslag: M Date of Birth / Geboortedatum:/...../.....

Owner's Name/Eienaar se Naam: S. Brown Tel: No/Nr: 0828931947
 Address/ Adres: P.O. BOX 212
Fendale Postal Code/ Poskode: 2160
 Owner's Veterinary Surgeon / Eienaar se Veearts: Location / Plek:

Previous Examination / Vorige Ondersoek Yes/ Ja No/ Nee Date:/...../..... Veterinarian / Veearts
 Result / Resultaat: Normal / Normaal Abnormal / Abnormaal

I hereby declare that the animal submitted today is the one described above. / Hiermee verklaar ek dat bogenoemde dier, die een is wat vandag ondersoek is.

Signature / Handtekening: [Signature] Date/ Datum: 9/7/15
 (Owner, Agent/ Eienaar, Agent)

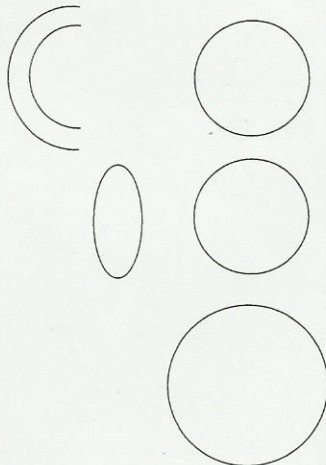
EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

OBLIGATORY / VERPLIGTEND: Mydriatic / Midriatikum Biomicroscopy/ Biomikroskopie
 Ophthalmoscopy / Oftalmoskopie: Indirect / Indirek Direct / Direk
 OPTIONAL / OPSIONEEL: Tonometry / Tonometrie Gonioscopy / Gonioskopie
 Other / Ander:

RESULTS / RESULTATE

	Normal / Normaal	Presumed Inherited / Vermoedelik Oorerflik	Nature of Lesion / Aard van die Verandering
Lids/ Ooglede	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			

Right / Regs

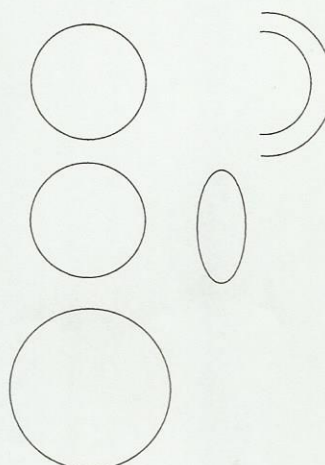


Cornea
Kornea

Lens

Fundus

Left / Links



Next Examination / Volgende Ondersoek: Annually/ Jaarliks Months / Maande

RESULT OF THE EXAMINATION / RESULTAAT VAN DIE ONDERSOEK

Affected / Geaffekteerd Unaffected / Nie geaffekteerd Undertermined / Onseker

Date/ Datum:/...../..... Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): DR. ODAYAR

Practice Tel: No. / Praktyk se Tel Nr: 0114651237 Signature / Handtekening: [Signature]

THIS CERTIFICATE IS ISSUED IN THE LIGHT OF CURRENT KNOWLEDGE, AND IS VALID FOR 12 MONTHS.
 HIERDIE SERTIFIKAAT IS IN DIE LIG VAN VANDAG SE KENNIS UITGEREIK, EN GELD VIR 12 MAANDE.