



**INTERNATIONAL CERTIFICATE OF
EYE EXAMINATION
(INTERNATIONAL CEE)**

Protocol approved by
Société Centrale Canine
and Kennel Club

N° 65960

Animal Name: Gibson Zorska Prima FCI
Breed: Bouvier de L'Entlebuch Sexe: mâle Né(e) le: 08/02/2017 Tatto n°:
Pedigree n°: Microchip n°: 6160967000 Coat: Noi. Mar.Fau. PBI.Env.
Previous CIEDE: Yes No Previous conclusions: NOT PRESENT

Owner
Mr FAY VERWOERD Kathari Address: _____ City: _____ Zip code: _____
Signature: _____
"I, the undersigned, certify that I am aware of the conditions of the examination carried out on my animal. I certify that this animal has not, to the best of my knowledge, undergone any medical treatment or surgery that could affect the conclusions of the examination. I agree that the results will be sent by the examining veterinarian to the SCC for use or useful publications for selection in the context of the missions assigned to it."

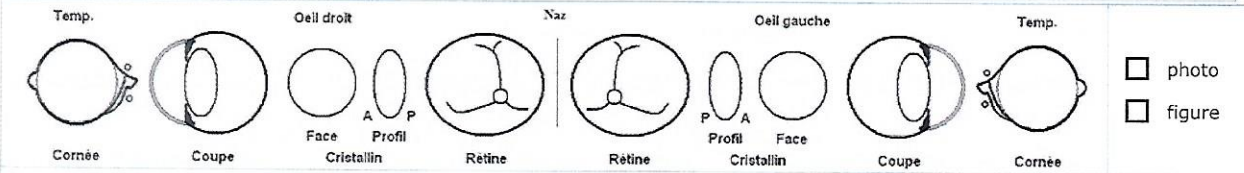
Examination Date: 16/05/2023 at ST MARTIN BELLEVUE

Mandatory Techniques:
Mydriasis, indirect ophthalmoscopy, biomicroscopy and Tonometry

Optional Techniques:
 Gonioscopy ERG
 Angiography Echo-ophthalmographie
 OCT Other(s)

Tattoo n°
 correct
 incomplet
 incorrect
 absent

Microchip n°
 correct
 incorrect
 absent



Conclusion This animal was found to be clinically NOT AFFECTED with an ocular disease presumed or known to be hereditary.

	Clinically			Clinically	
	unaffected	Affected		unaffected	Affected
Microphthalmia (dog > 1 yr old)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Entropion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Pupillary Membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ectropion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Goniodysplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
goniodysplasia-angle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retinal Dysplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	focal géo. total	Corneal dystrophia	<input type="checkbox"/>
Retinal foals	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
PHTVL / PHPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Optic nerve Hypoplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lens: luxation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Optic Nerve Coloboma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Progressive Retinal Atrophy (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Choroidal Dysplasia/Hypoplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other retinal hereditary affection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keratoconjunctivite sicca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Stamp & signature of Dr. Thomas DULAURENT
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Certified DVM
Dr. DULAURENT THOMAS, n°national: 19697, certifie avoir examiné l'animal ci-dessus pour la recherche de maladies héréditaires oculaires canines.
Date: 16/05/2023