



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

Protocol approved by  
Société Centrale Canine  
and Kennel Club

N° 66060

**Animal**

Name: Rossanaz

Breed: Bouvier de L'Entlebuch

Sexe: femelle

Né(e) le: 23/10/2020 Tatto n°:

Pedigree n°:

Microchip n°: 25026874347

Coat: Noi. Mar.Fau. Pan.Bla.

Previous CIEDE:

Yes

No

Previous conclusions: None

**Owner**

Mrs FAY VERWOERD Katharin Address:

Signature:

Zip code:

City:

"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

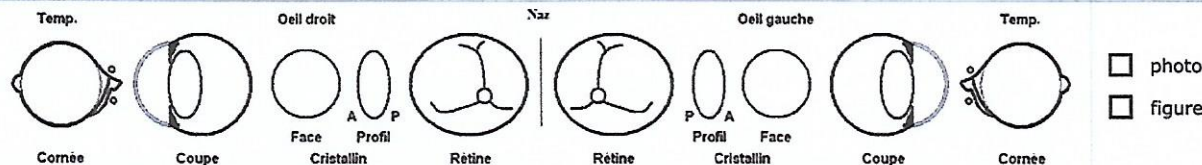
absent

**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 type="checkbox"/>	<input type="checkbox"/>	Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
goniodysplasia-angle	<input type="checkbox"/>	<input type="checkbox"/>	Distichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retinal Dysplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corneal dystrophia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retinal foals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lens: cataract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHTVL / PHPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lens: luxation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Optic nerve Hypoplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Progressive Retinal Atrophy (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Optic Nerve Coloboma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other retinal hereditary affection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Choroidal Dysplasia/Hypoplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keratoconjunctivite sicca	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Stamp & signature

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: 25/05/2023

Exemplaire remis au propriétaire pour ses archives -