



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

Protocol approved by
Société Centrale Canine
and Kennel Club

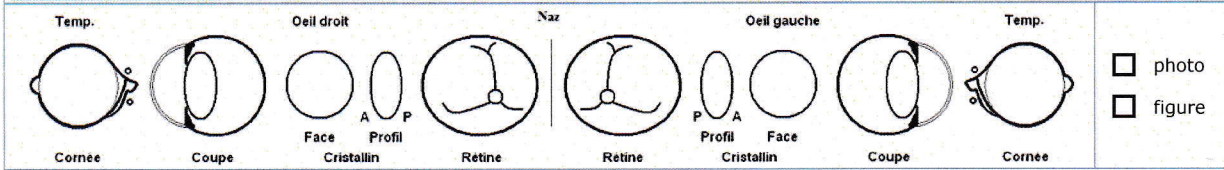
N° 67190

Animal Name: Empire of fire run like a legend
Breed: Border Collie Sexe: mâle Né(e) le: 27/08/2021 Tatto n°:
Pedigree n°: Microchip n°: 616093901830186 Coat: Ble. Big.Noï. PBI.Lim.
Previous CIEDE: Yes No Previous conclusions: None

Owner
Mrs GRAUFFEL VERONIQUE Address: 2 rue des PRES **Signature:**
Zip code: 67330 City: GRIESBACH le BASTBERG
"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: 05/09/2023 at LUDRES

<p>Mandatory Techniques: Mydriasis, indirect ophtalmoscopy, biomicroscopy and Tonometry</p> <p>Optional Techniques: <input checked="" type="checkbox"/> Gonioscopy <input type="checkbox"/> ERG <input type="checkbox"/> Angiography <input type="checkbox"/> Echo-ophtalmographie <input type="checkbox"/> OCT <input type="checkbox"/> Other(s)</p>	<p>Tattoo n° <input type="checkbox"/> correct <input type="checkbox"/> incomplet <input type="checkbox"/> incorrect <input checked="" type="checkbox"/> absent</p>	<p>Microchip n° <input checked="" type="checkbox"/> correct <input type="checkbox"/> incorrect <input type="checkbox"/> absent</p>
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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 <input type="checkbox"/> géo. <input type="checkbox"/> total	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"/>			

zone non pigmentée en temporal sur FO OU mais pas d'hypoplasie

Stamp & signature **Certified DVM**
Dr. POINSARD Anne Sophie, n°national: 20515, certifie avoir examiné l'animal ci-dessus pour la recherche de maladies héréditaires oculaires canines.
Date: 05/09/2023
AniCura LorrainesVet
Dr POINSARD Anne Sophie
N° Ordre 20515
Service d'Ophtalmologie
exemplaire remis au propriétaire pour ses archives -