

SAVA EYE EXAMINATION CERTIFICATE SAVV OOGONDERSOEKSERTIFIKAAT

D 2178

Registered Name / Registrasienaam: NICCYN PORTOS OF SYLON
 Reg. No. / Nr: BW003152 Tattoo / Chip No / Nr: 978 000 000 410959 Breed / Ras: STAFFORDSHIRE B/T
 Colour / Kleur: RED Sex / Geslag: M Date of Birth / Geboortedatum: 06 / 08 / 2004

Owner's Name/Eienaar se Naam: MR. T. J. ROUX Tel: No/Nr:
 Address/ Adres: P. O. BOX 6008 GREENHILLS RANDFONTEIN 1767 SOUTH AFRICA

Owner's Veterinary Surgeon / Eienaar se Veearts: DR. K. DEKRAMER Location / Plek: KRUGERSDORP
 Postal Code/ Poskode: 1767

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: 22 / 07 / 2009
 (Owner, Agent/ Eienaar, Agent)

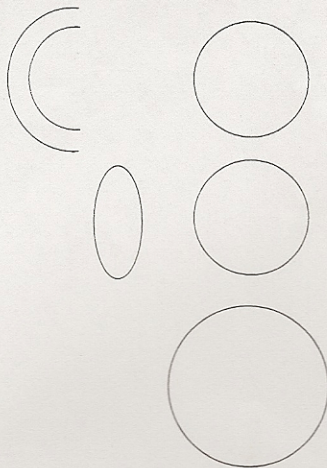
EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

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

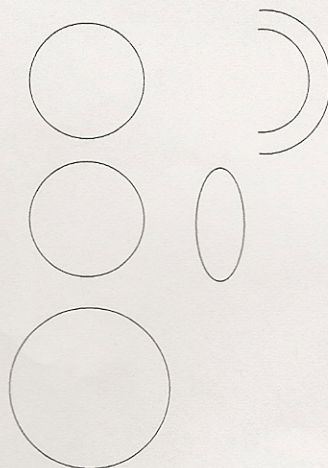


Cornea
Kornea

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 Underternined / Onseker

Date/ Datum: 22/07/09 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): DR. AGOODICAP

Practice Tel: No. / Praktyk se Tel Nr: 011465-1237 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.