



# CERTIFICATE OF EYE EXAMINATION

ANIMAL NAME MONALISA Abicoon. PL  
 BREED Maine Coon  
 REGISTRATION NR PL FPL 0 10042 BREEDCLUB 636299  
 MICROCHIP NR 985161 000 92 54 5U COLOUR M.C.J.N.S.  
 TATTOO.....  
 DATE OF BIRTH 27.06.2007 SEX - FEMALE   
 MALE

PREVIOUS EXAMINATION - YES  UNAFFECTED  UNDETERMINED  SUSPICIOUS  AFFECTED   
 NO .  
 IF ABNORMAL..... DATE..... DNA - TEST..... YES NO.....

OWNER/AGENT NAME SUCHANEK KATARZYNA  
 ADDRESS 85-232 BUDOWA 8702 ul. M. YACHOWSKIEGO 15/5

THE UNDERSIGNED AGREES TO THE RULES OF THE NATIONAL SCHEME AND CONFIRMS THAT THE ANIMAL SUBMITTED FOR EXAMINATION IS THE ONE DESCRIBED ABOVE.

*[Handwritten Signature]*  
 Signature owner/agent

EXAMINATION DATE 2007 07 29 IDENTIFICATION CHECK MICROCHIP/TATTOO - CORRECT  INCORRECT

METHOD OF EXAMINATION; MYDRIATIC , INDIRECT OPHTHALMOSCOPY , DIRECT OPHTHALMOSCOPY   
 BIOMICROSCOPY > 10 X  GONIOSCOPY  TONOMETRY

RIGHT EYE  LEFT EYE   
 IOPR 16 mmHg IOPL 18 mmHg

RESULTS FOR THE PRESUMED HEREDITARY EYE DISEASES (results valid for 12 months)

	UNAFFECTED	UNDETERMINED	AFFECTED
1. MPP (IRIS <input type="checkbox"/> , LENS <input type="checkbox"/> , LAMINA <input type="checkbox"/> , CORNEA <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PHTVL/PHPV (GRAD 1 <input type="checkbox"/> , GRAD 2-6 <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CATARACT (CONGENITAL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. RD (FOCAL <input type="checkbox"/> , GEOGRAFIC <input type="checkbox"/> , TOTAL <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HYPOPLASIA/MICROPAPILLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CEA (CHOROID HYPOPL. <input type="checkbox"/> , COLOBOMA <input type="checkbox"/> , RET. DETECH. <input type="checkbox"/> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. DYSPL. L. PECTINATUM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ENTROPIUM/TRICHIASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ECTROPIUM/MACROBLEPHARON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. DISTICHIA/ECTOPIC CILIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. CORNEAL DYSTROPHY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. CATARACT (NON-CONGENITAL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. PRIMARY LENS LUXATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. PRA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION COMMENTS EYE CLEAR  
 AFFECTED BY.....

THE UNDERSIGNED HAS TODAY EXAMINED THE ABOVE MENTIONED ANIMAL FOR THE HEREDITARY EYE DISEASE SCHEME WITH THE RESULTS:

EYE - UNAFFECTED  UNDETERMINED  AFFECTED

*[Handwritten Signature]*  
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 ul. M. Yachowskiego 15/5  
 85-232 Warszawa tel. 644 91 28

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