

Breed : Bearded Collie

Microchip : 982000167873695

Registration : 05458-2011

Owner : Bronwyn Falconer

**animal
network**

Case ID : 23426

Lab ID : DOG43489

Date Printed : 19-Mar-14

Canine Genetic Test Report

Llandona Angel In Disguise Of Ukulunga (Charlie) - DOG43489

Collie Eye Anomaly / Choroidal Hypoplasia

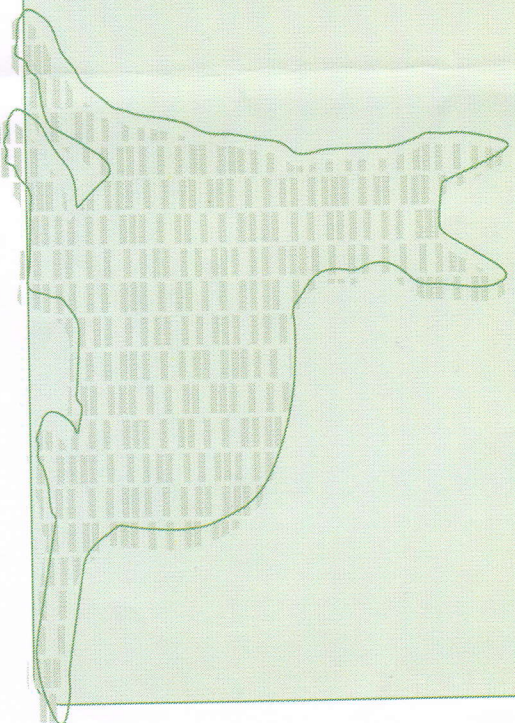
CLEAR

Certified Result

Results reviewed and confirmed by :
Animal Network

Please visit our website for further details on this DNA test.
The patented technology underlying this test is exclusively licensed by
Optigen to Genetic Technologies in Australia and Asia.

www.animalnetwork.com.au



Auckland Animal Eye Centre

Ophthalmic Examination Certificate



Patient No: 7539 (L)

Date of Examination: 09/08/2011

Owner: Pam Douglas

Address: 85 Craig Road

R.D.6 Hamilton

Breed: Bearded Collie

Age / DOB: 22/06/2011

Patient: Charlie

K.C. Name: WANDONA ANGELIA DISGUISE OF KULU

K.C. No: 05458 - 2011

Chip: 982000167873695

Sex: F Colour: Grey & White

I/we hereby declare that the dog submitted for examination is the dog described.

Previous Examination: Affected: ___ Not Affected: ___ Unknown: ___ Not Examined: X

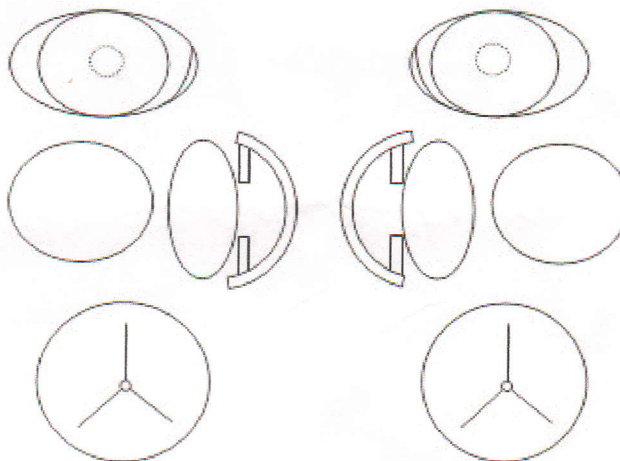
Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X, Other: ___

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	☒	☒	☒	☒	☒
Undetermined	☐	☐	☐	☐	☐
Affected	☐	☐	☐	☐	☐

Comments:

R

L



Annual Re-examination
Recommended

Signed: P. N. Collinson

P. N. Collinson

BVSc, MVS, FRCVSc

18 Barrack Road, Mt Wellington, Auckland 1060, New Zealand

Ph (09) 5277697. Fax (09) 5277690. Email: evevet@xtra.co.nz

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14. 7. 12

lower

9. 8. 14

lower

18. 7. 15

lower

[Handwritten signatures]

Owner: Pam Douglas
Address: 87 Craig Road
K.D. Hamilton
Breed: Border Collie
Age: BOB: 22/06/2011
Sex: F
Colour: Grey & White
Chip: 981000152812425 2
K.C. No: 00222 - 507
K.C. Name: Wainman, Anne in dispute of ownership
Patient: (check)

I/we hereby declare that the dog submitted for examination is the dog described.

Examination Techniques: ☒ Indirect Ophthalmoscopy ☒ X-Microscopy ☐ Other: _____
☒ Affected ☐ Not Affected ☐ Unknown ☒ Not Examined X

Region:	Not Affected	Undetermined	Affected
Right	☒	☐	☐
Left	☒	☐	☐
Other	☐	☐	☐



Signed: *[Signature]*
F.N. Collins
BVSc. MS. FRCV

General Re-examination
Recommended