

REGISTERED NAME (capital letters) COOLTRE STORM FRONT (41)
 REGISTERED NO. 6180073428 MICROCHIP NO. 981000300571738
 BREED Arta COLOUR White with black SEX ☒ M ☐ F DATE OF BIRTH 6/8/2011
 SIRE GRAND CH. CALIBRIAN THUNDER (IMP UK) 4480007846
 DAM COOLTRE STOP THE PRESS (41) 6180058484
 OWNER'S NAME CH. * Mrs R. Baughen
 ADDRESS, TELEPHONE NO 354 Furley Rd. Southern River 6410

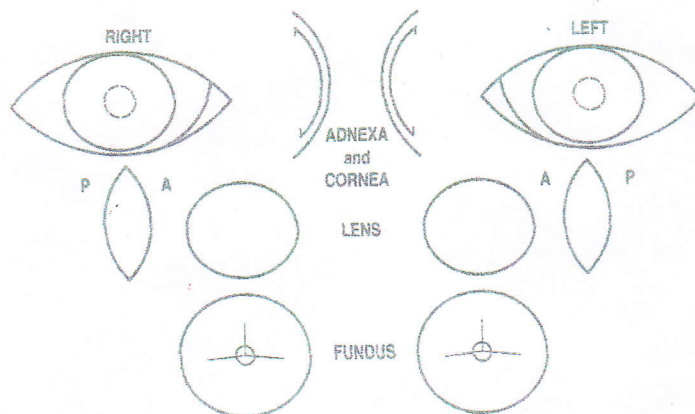
PREVIOUS EXAMINATION NO ☒ YES ☐ DATE OF LAST EXAMINATION
 OWNERS VETERINARY SURGEON AND / OR PRACTICE NAME

I hereby declare that the dog submitted for examination is the one described above. I agree that the information obtained may be made available for numerical statistical records of breed incidence and as such used for research purposes and possible publication. Breeders may be assured that names of Owners and animals will be confidential.

Date 17/3/2016 Signed [Signature] Owner / Agent

EXAMINATION OF EYE AND ADNEXA

Parts Examined	Adnexa	Cornea	Iris	Lens	Vitreous	Fundus
Unaffected	R L	R L	R L	R L	R L	R L
Affected	R L	R L	R L	R L	R L	R L



DESCRIPTIVE COMMENTS
TOP R/E 16 451

INHERITED EYE DISEASE STATUS

This section applies only to those breeds in which the named conditions are known to be inherited.

CONGENITAL		UNAFFECTED*	AFFECTED*	NON-CONGENITAL		UNAFFECTED*	AFFECTED*
(CEA)	Collie eye anomaly	<input type="checkbox"/>	<input type="checkbox"/>	(GPRA)	Generalised progressive retinal atrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(MRD)	Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(RPED)	Retinal Pigment Epithelial Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
(TRD)	Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(HC)	Hereditary cataract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(CHC)	Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	(PLL)	Primary Lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV)	Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	The age of onset of non-congenital Inherited eye disease varies in different breeds and between individual dogs. It is therefore important to test annually unless otherwise advised at the time of this examination.			
(PPM)	Persistent pupillary membrane	<input type="checkbox"/>	<input type="checkbox"/>				
(G)	Goniodysgenesis	<input type="checkbox"/>	<input type="checkbox"/>				

* "Affected" signifies that there is evidence of the inherited eye disease(s) specified, whereas "Unaffected" signifies that there is no such evidence.

I have today examined the above animal and in my opinion I certify that my findings are as shown.

Signed [Signature] Dr Zigrida Chester B. Sc. B.V.M.S. Cert. V. Ophthal M.R.C.V.S. Date 17/3/2016