

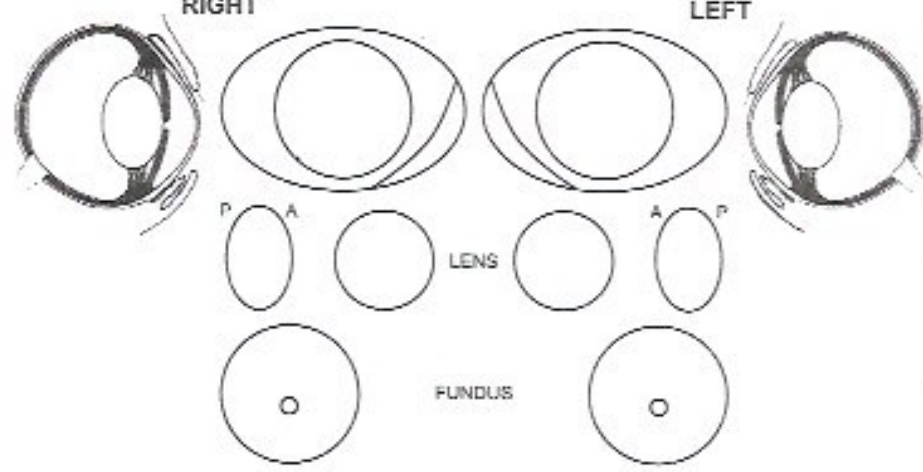
British Veterinary Association/Kennel Club/International Sheep Dog Society (BVA/KC/ISDS)
CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

Pet name BUBBLES KC no. N/A Microchip no. 9 0 0 1 3 3 0 0 0 4 1 6 9 8 2
 KC registered name N/A Date of previous examination _____
 Breed AUSTRALIAN LABRADOODLE RED Sex M F Date of birth 24/07/20
 Owner's name and address JUDY RIPLEY _____
 Owner's telephone number 01789 063 008 Owner's email address _____
 Vet's name and address VETTYPEL BAKSTOT _____
 Vet's telephone number _____ Vet's email address _____

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Canine Health Scheme is the one described above and that the information obtained may be made available for research purposes and may be published. Any appeal against the results specified below must be made to the BVA (for details see EPWP1).
 I understand and agree that the use of a mydriatic agent Propicamide is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where gonioscopy is required.
 I understand that the personal information provided in this form will be used to administer the eye examination service and will be retained for 7 years for accounting purposes on an electronic system. My personal information may be used from time to time to provide me with relevant information relating to CHS services or for other lawful reasons.
 Signature of Owner/Agent JR Date 25/1/22

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other _____
 Parts Examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus



Comments **NO BREED RELATED ADNEXAL OR OCULAR CONDITIONS**

Robert Lowe DVMc DVC(Phth) MRCVS
 RCVS Specialist in Veterinary Ophthalmology
 Ophvet Referrals Ltd, 3 Downley Road
 Haver, PO9 2NJ 01243 838031

DNA sample taken on this date: Yes No
 I confirm that the scanned microchip number matches the number on the certificate
 Information for owners/Appeals leaflet (EPWP1) issued

INHERITED EYE DISEASE STATUS

This section applies to the known inherited ocular conditions specified in the Procedure Notes. These results will be sent to the KC and/or ISDS as appropriate.

CONGENITAL/NEONATAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Colic eye anomaly - Choroidal hypoplasia - Coloboma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract (PLL) Primary lens luxation (POAG) Primary open angle glaucoma (KHP) Intraocular pressure R mmHg L mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy (RPED) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PLA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grade	0	1	2	3	Result
R					
L					

Gonioscopy Grading Result:
 0 = normal, 1 = mildly affected, 2 = moderately affected, 3 = severely affected

Clinically affected signifies that there is evidence of the inherited disease(s) specified, whereas *Clinically unaffected* signifies that there is no such evidence.

Clinically affected with ocular conditions not currently specified in the Procedure Notes.

Distichiasis	<input type="checkbox"/>	Persistent pupillary membrane	<input checked="" type="checkbox"/>	Posterior Cortical Cataract	<input type="checkbox"/>	GPRA like appearance	<input type="checkbox"/>
Ectopic cilia	<input type="checkbox"/>	Ocular Melanosis	<input type="checkbox"/>	Posterior Polar Subcapsular Cataract	<input type="checkbox"/>	EPRL-like appearance	<input type="checkbox"/>
Inchiasis	<input type="checkbox"/>	Pectinate ligament abnormality	<input type="checkbox"/>	Posterior Capsular Cataract	<input type="checkbox"/>	Other conditions (specify)	<input type="checkbox"/>
Entropion	<input type="checkbox"/>	Lens luxation	<input type="checkbox"/>	PHPV	<input type="checkbox"/>		
Ectropion	<input type="checkbox"/>	Anterior Capsular Cataract	<input type="checkbox"/>	Optic nerve hypoplasia	<input type="checkbox"/>		
Combined entropion/ectropion	<input type="checkbox"/>	Anterior Cortical Cataract	<input type="checkbox"/>	Posterior segment coloboma	<input type="checkbox"/>		
Multi-ocular defects	<input type="checkbox"/>	Perinuclear Cataract	<input type="checkbox"/>	Choroidal hypoplasia	<input type="checkbox"/>		
Corneal lipid deposition	<input type="checkbox"/>	Nuclear Cataract	<input type="checkbox"/>	MRD like appearance	<input type="checkbox"/>		

I have today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown
 Signature of Panelist R. Lowe Name R. Lowe Date 25/1/22

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 3 years