

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

Pet name NEO KC no. N/A Microchip no. 952000001035467
 KC registered name N/A Date of previous examination _____
 Breed AUSTRALIAN LABRADOODLE Colour RED Sex M F Date of birth 17/04/17
 Owner's name and address JUDY RIPLEY _____
 Owner's telephone number 07789 063 008 Owner's email address _____
 Vet's name and address VERA PETS BARSTON _____
 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 TROPICAMIDE 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 [Signature] Date 25/1/22

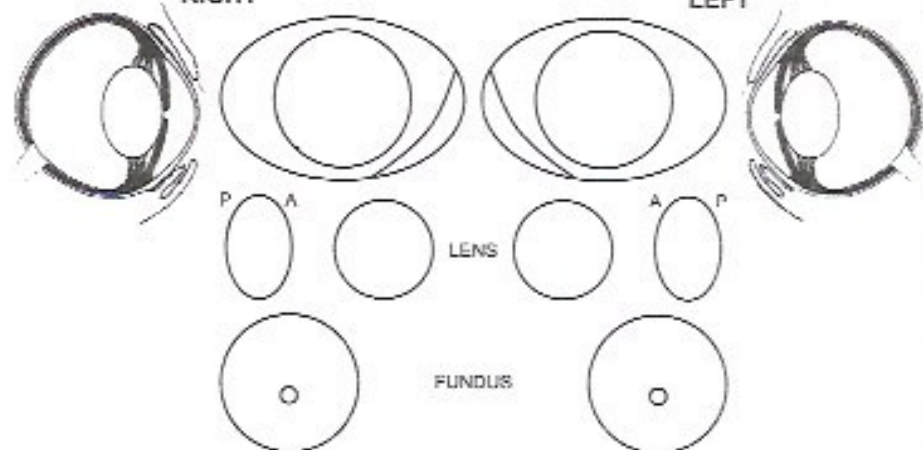
EXAMINATION OF THE EYE AND ADNEXA

Mydriatic: Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other _____

Parts Examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus

RIGHT

LEFT



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

Robert Lowe BVSc DVOphthal MRCVS
 RCVS Specialist in Veterinary Ophthalmology
 Optivet Referrals Ltd, 3 Downley Road
 Haverhill - POB 260 - 01243 88091

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"/>	(HC)	Hereditary cataract (PLL)				<input type="checkbox"/>	<input type="checkbox"/>
(MRD)	Multifocal retinal dysplasia				<input type="checkbox"/>	<input type="checkbox"/>	(POAG)	Primary open angle glaucoma (KID)				<input type="checkbox"/>	<input type="checkbox"/>
(TRD)	Total retinal dysplasia				<input type="checkbox"/>	<input type="checkbox"/>		Intraocular pressure R mmHg L mmHg				<input type="checkbox"/>	<input type="checkbox"/>
(CHC)	Congenital hereditary cataract				<input type="checkbox"/>	<input type="checkbox"/>	(PRA)	Progressive retinal atrophy				<input type="checkbox"/>	<input type="checkbox"/>
(PHPV)	Persistent hyperplastic primary vitreous				<input type="checkbox"/>	<input type="checkbox"/>	(RPED)	Retinal pigment epithelial dystrophy				<input type="checkbox"/>	<input type="checkbox"/>
(PLA)	Pectinate ligament abnormality				<input type="checkbox"/>	<input type="checkbox"/>	*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 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"/>	RPED-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"/>	Pes-V	<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 [Signature] 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