

CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

11-20

Pet name WILLOW KC no. 00009955 Microchip no. 900113000694883

KC registered name WILLOWS Ruby Date of previous examination _____

Breed Australian LABRADOR Colour Chocolate Sex M F Date of birth _____

Owner's name and address _____

Owner's telephone number _____ Owner's email address _____

Vet's name and address _____

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.

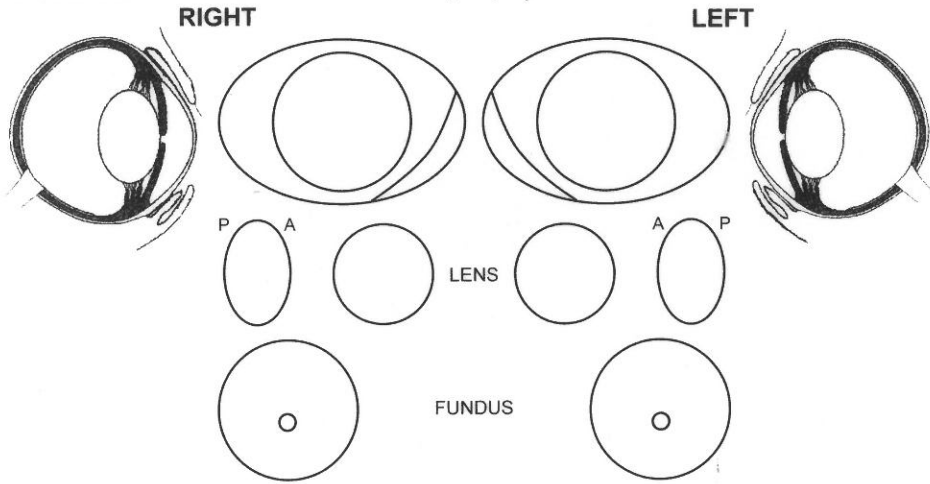
I understand that the personal information provided in this form will be used to administer the eye examination service and will be retained for 7 years for accounting purposes on an electronic system. My personal information may be used from time to time to provide me with relevant information relating to CHS services or for other lawful reasons.

Signature of Owner/Agent _____ Date 24/5/21

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**

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

Grade	0	1	2	3	Result
R					
L					

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

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"/>
Trichiasis	<input type="checkbox"/>	Pectinate ligament abnormality	<input type="checkbox"/>	Posterior Capsular Cataract	<input type="checkbox"/>	Other conditions (specify)	_____
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 Panellist _____ Name IKD Date 24/5/21

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