

CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

Pet name BOBBY KC no. [redacted] Microchip no. 933000320198155

KC registered name FAIRY TALE LANES BOBBY Date of previous examination

Breed AUSTRALIAN LABRADOR COLOUR TRI PARTI PHANTOM sex M [checked] F [] Date of birth 29/09/19

Owner's name and address [redacted]

Owner's telephone number [redacted] Owner's email address [redacted]

Vet's name and address [redacted]

Vet's telephone number [redacted] Vet's email address [redacted]

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 14/02/22

EXAMINATION OF THE EYE AND ADNEXA

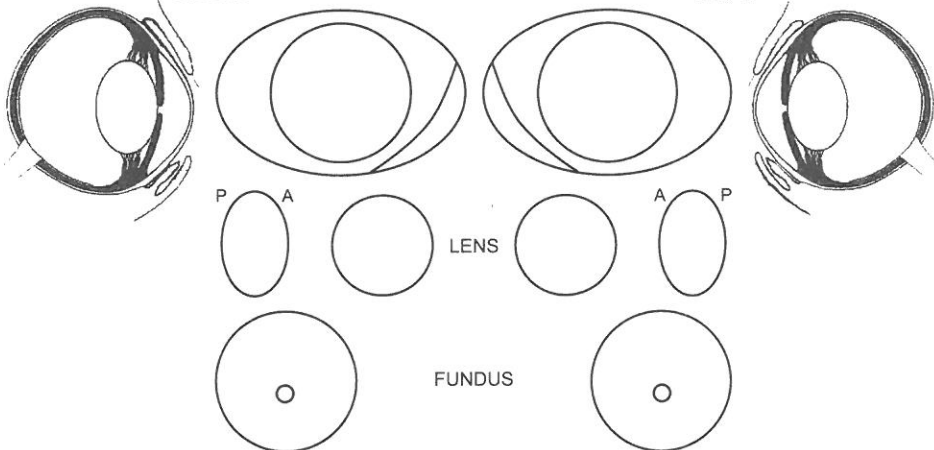
Mydriatic [checked] Ophthalmoscopy Direct [] Indirect [] Biomicroscopy [] Gonioscopy [] Tonometry [] Other []

Parts Examined: Adnexa [] Cornea [] Drainage Angle [] Iris [] Lens [] Vitreous [] Fundus []

RIGHT

LEFT

Comments NO BREED RELATED ADNEXAL OR OCULAR CONDITIONS [checked]



Blank lines for additional comments.

DNA sample taken on this date: Yes [] No []
I confirm that the scanned microchip number matches the number on the certificate [checked]
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.

Table with columns for CONGENITAL/NEONATAL, CLINICALLY UNAFFECTED, CLINICALLY AFFECTED, NON-CONGENITAL, CLINICALLY UNAFFECTED, and CLINICALLY AFFECTED. Rows include conditions like Collie eye anomaly, Multifocal retinal dysplasia, etc.

Gonioscopy Grading Result table with columns for Grade (0, 1, 2, 3) and Result for Right (R) and Left (L) eyes.

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.

Table for clinically affected conditions with vertical grading bars for Distichiasis, Persistent pupillary membrane, Posterior Cortical Cataract, etc.

I have today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown

Signature of Panellist [signature] Name J.K. DAVEN Date 14/2/22

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