

EYE EXAMINATION CERTIFICATE

Pet name AMY Panellist's ref no. NGS 19 90

Owner's name and address MR. K. MATHESON  
1B HORSBURGH AVE, GLASSGOW G65 9BZ

Owner's telephone number 01236 825 237 Previous examination: No  Yes  Date of last examination 13/2/18

KC/ISDS registered name AULIS ENKELI AMMI

Registered no. AU0905503 Microchip no. 208250000095072

Breed FINNISH LAPPHUND Colour CREAM Sex M  F  Date of birth 13/2/18

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Eye Scheme is the one described above. I agree that the registration documents should be stamped with the date of examination and that the information obtained may be made available for research purposes and may be published (deletion of these statements invalidates the certificate). Any appeal against the results specified below must be made to the BVA (for details see EPWP 1).

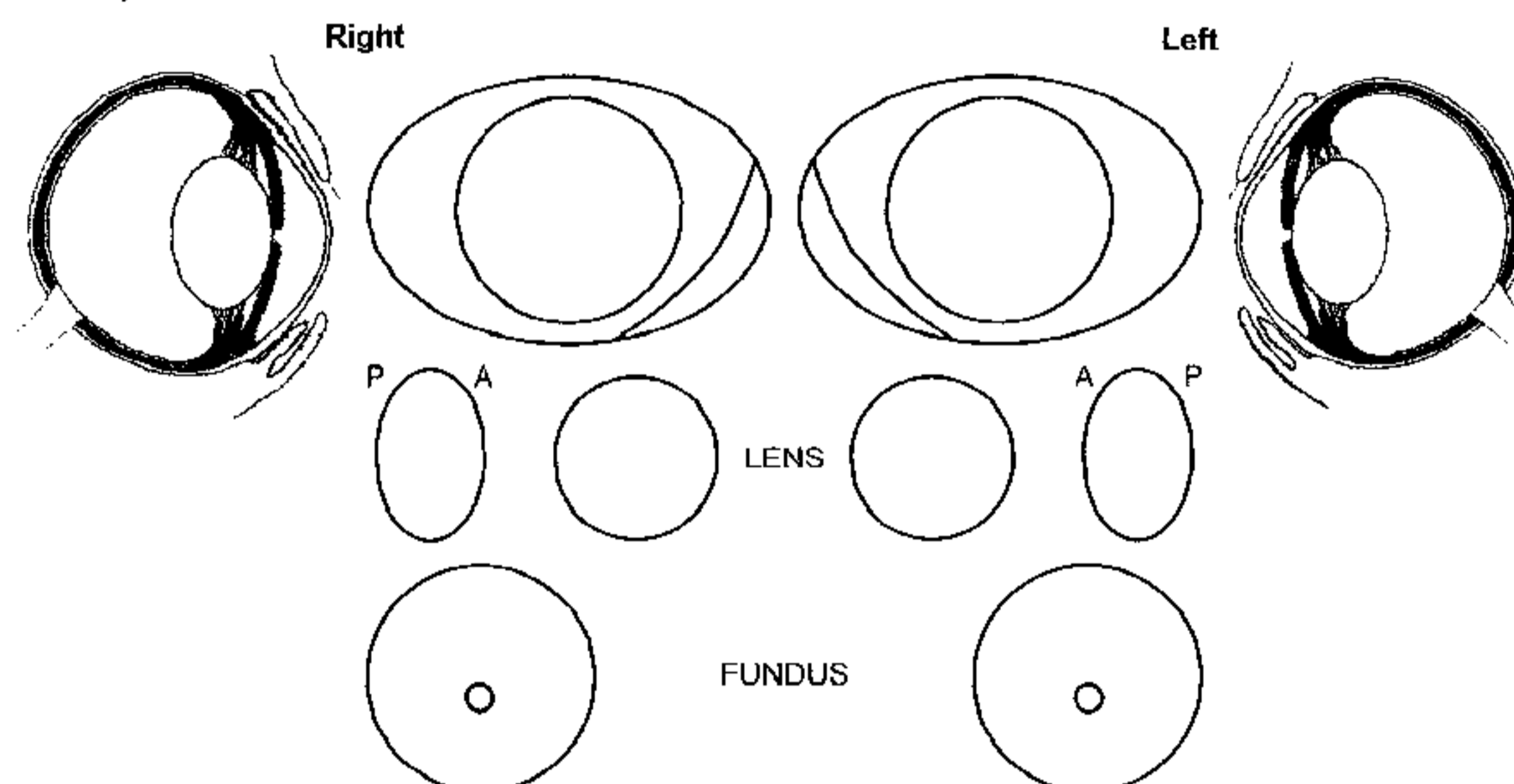
I understand that the personal information provided as part of the scheme is only used to facilitate my request and will be retained for 7 years for accounting purposes on an electronic system. My personal information will not be shared with anyone outside the scheme

Signature of Owner/Agent [Signature] Date 26 FEB 2019

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic  Ophthalmoscopy Direct  Indirect  Biomicroscopy  Gonioscopy  Tonometry  Other \_\_\_\_\_

Parts Examined: Adnexa  Cornea  Drainage Angle  Iris  Lens  Vitreous  Fundus   
Clinically Unaffected \_\_\_\_\_  
Clinically Affected \_\_\_\_\_



Comments **NO OCULAR OR OCULAR ADNEXAL ABNORMALITIES DETECTED**   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 – SCHEDULE A BREEDS ONLY

This section applies only to those conditions in the breeds specified in Schedule A of the Procedure Notes current on the day of examination. 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	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	(IOP) Intraocular pressure R mmHg L mmHg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	(GPRA) Generalised progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>
(PLA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RPED) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
			(BR) Breed-specific retinopathy	<input type="checkbox"/>	<input type="checkbox"/>

Grade	0	1	2	3	Result
R					
L					

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

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

The age of onset of non-congenital eye disease varies in different breeds and between individual dogs. It is therefore important to follow any advice given at the time of this examination with regard to the necessity for and frequency of eye examination under the Scheme.  
Retesting under the BVA/KC/ISDS Scheme advised in \_\_\_\_\_

CLINICALLY AFFECTED for conditions NOT currently known or proven to be inherited in the breed examined:

Distichiasis <input type="checkbox"/>	Persistent pupillary membrane <input type="checkbox"/>	Cortical cataract <input type="checkbox"/>	RPED-like appearance <input type="checkbox"/>
Ectopic cilia <input type="checkbox"/>	Abnormal pigment deposition <input type="checkbox"/>	Nuclear cataract <input type="checkbox"/>	Other conditions (specify) <input type="checkbox"/>
Entropion <input type="checkbox"/>	Pectinate ligament abnormality <input type="checkbox"/>	Optic nerve hypoplasia <input type="checkbox"/>	
Ectropion <input type="checkbox"/>	Lens luxation <input type="checkbox"/>	Posterior segment coloboma <input type="checkbox"/>	
Combined entropion/ectropion <input type="checkbox"/>	PHPV <input type="checkbox"/>	Choroidal hypoplasia <input type="checkbox"/>	
Multi-ocular defects <input type="checkbox"/>	Capsular cataract <input type="checkbox"/>	MRD-like appearance <input type="checkbox"/>	
Corneal lipid deposition <input type="checkbox"/>	Subcapsular cataract <input type="checkbox"/>	GPRA-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 [Signature] Name M.G. DAVIDSON Date 26/2/19