

# CERTIFICATE OF EYE EXAMINATION

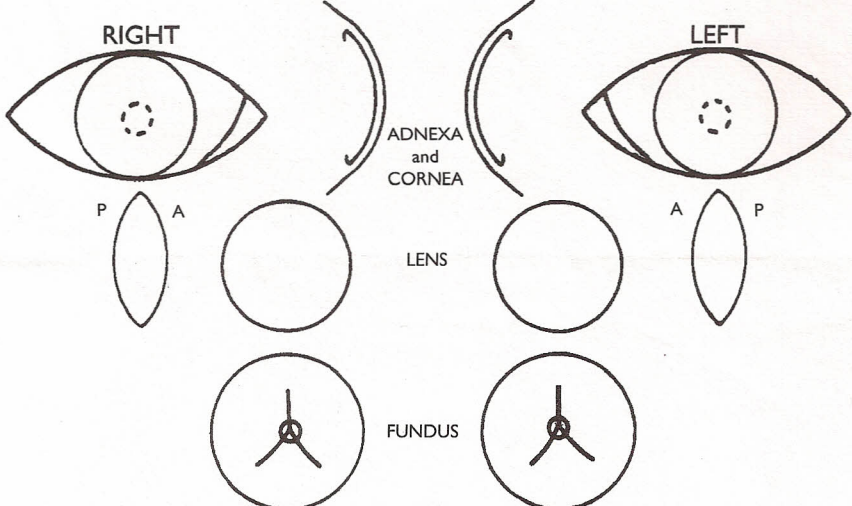
KC/ISDS registered name SAME JANTAN IWAHO Panellist's ref no PK 48/04  
OF THISTLES LEM Registered no AE 0900117  
 Breed FINNISH LAPHONA Colour B.H/W Sex  M  F Date of birth 15/2/03  
 Owner's name MR D MATTHESON Address 15 HORSBURGH AVE,  
KILSITH GASSOW  
 Owner's veterinary surgeon ASHBURN Location KILSITH  
 Previous examination: No  Yes  Date of last examination .....

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 document should be stamped with the date of this examination and that the information obtained may be made available for research purposes and may be published. (Deletion of these statements invalidates the form).

Date 24/2/04 Signed [Signature] Owner/Agent

## EXAMINATION OF EYE AND ADNEXA

Mydriatic:  Ophthalmoscopy: Direct  Indirect  Biomicroscopy:  Other TRAW  
 Parts examined: Adnexa Cornea Iris Lens Vitreous Fundus  
 Unaffected .....  
 Affected .....



Descriptive comments  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

## INHERITED EYE DISEASE STATUS

This section applies only to those breeds in which the named conditions are known to be inherited and which are included in the procedure notes current on the day of examination. These results will be sent to the Kennel Club and/or ISDS as appropriate.

CONGENITAL	UNAFFECTED*	AFFECTED*	NON-CONGENITAL	UNAFFECTED*	AFFECTED*
(CEA) Collie eye anomaly:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(GPRA) Generalised progressive retinal atrophy:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia:	<input type="checkbox"/>	<input type="checkbox"/>	(CPRA) Central progressive retinal atrophy:	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia:	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract:	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract:	<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation:	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous:	<input type="checkbox"/>	<input type="checkbox"/>			
(PPM) Persistent pupillary membrane:	<input type="checkbox"/>	<input type="checkbox"/>			
(G) Goniodysgenesis:	<input type="checkbox"/>	<input type="checkbox"/>			

The age of onset of non-congenital inherited 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.

\* 'Affected' signifies that there is evidence of the inherited eye disease(s) specified, whereas 'unaffected' signifies that there is no such evidence.

I have today examined the above animal under the BVA/KC/ISDS Eye Scheme with the results as shown.  
 Signed [Signature] Name (block capitals) 21 HILL STREET Date 24/2/04  
 Distribution: White - owner: Blue - BVA/ISDS: Yellow - retained by panellist: Pink - Owner's veterinary surgeon BVA 1/94