

MD 20 654.

Pet name DONNA KC no AU04690202 Microchip no. 956000004805562  
 KC registered name THE STRONG BELLA DONNA Date of previous examination 26/02/2019  
 Breed FINNISH LAPPHUND Colour ROAN & TAN WHITE Sex M  F  Date of birth 6/11/2017  
 Owner's name and address DAVID KENNETH MATHIASON, 18 HOLDSBUUGH AVE, WILSYTH  
 Owner's telephone number 01236 825237 Owner's email address DMATHIASON8@GMAIL.COM  
 Vet's name and address APEX VIETS DIENNY  
 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).

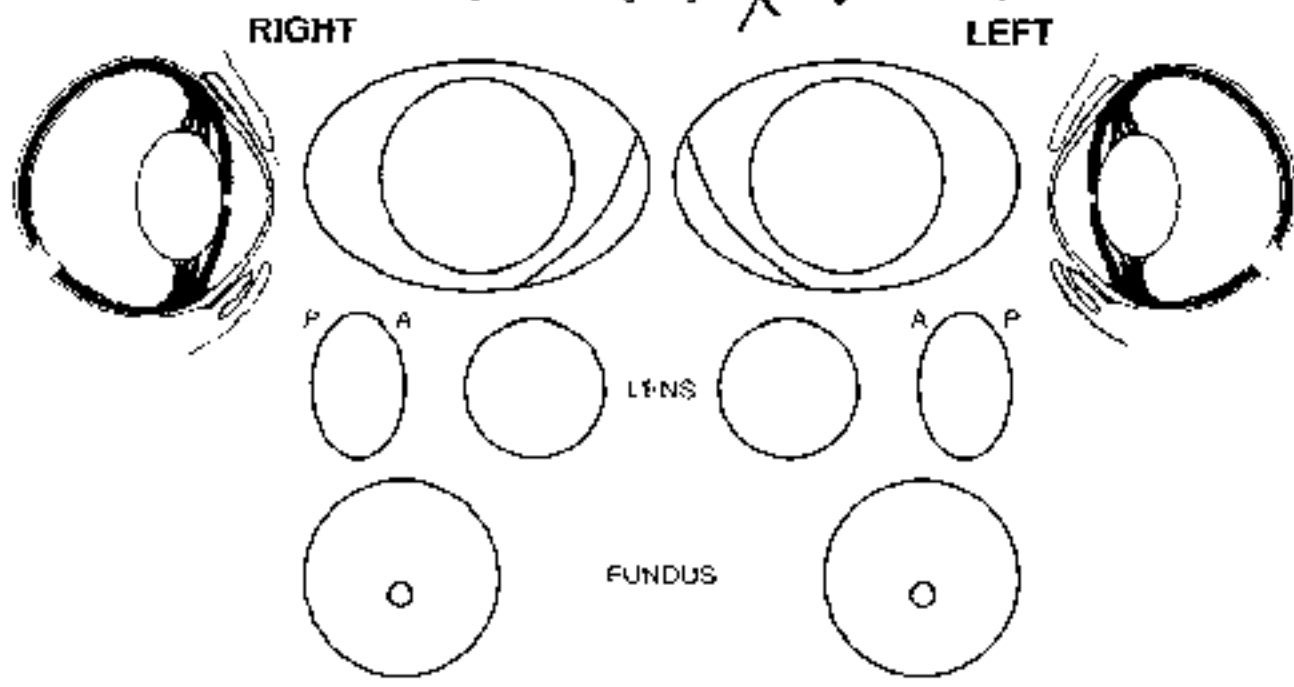
I understand and agree that the use of a mydriatic agent TROPIC is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where gonioscopy is required.

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 CIIS services or for other lawful reasons.

Signature of Owner/Agent [Signature] Date 13/10/2020

**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**

ONA 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 (EPW1) 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	<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 (IOP) 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 checked="" 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.

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 Panelist [Signature] Name M.G. DAVIDSON Date 13/10/20

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