

**British Veterinary Association/Keel Club/International Sheep Dog Society (BVA/KC/ISDS)
CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE**

Pet name: Donna KC no: 4104690202 Microchip no: 9156000004805567
 KC registered name: THE SUEGION BARBARA DONNA Date of previous examination: 9-8-22
 Breed: AINSHILL LABRADOR Color: BLACK TAN + WHITE Sex: M F Date of birth: 6/11/2017
 Owner's name and address: MR D K MATHSON, 18 HILSBURGH AVENUE, KILSPRUE, GLASGOW, G45 9BZ
 Owner's telephone number: _____ Owner's email address: _____
 Vet's name and address: Alex Vets, Perry
 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 EPWPs.

I understand and agree that the use of a mydriatic agent Lupineol 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 OHS services or for other lawful reasons.

Signature of Owner/Agent: [Signature] Date: 8/8/2023

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other _____
 Parts Examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus

RIGHT **LEFT**

Comments: **NO BREED RELATED ADNEAL 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 general appeals buffer (EPWP) 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
ICSA/ Cattle eye anomaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Chorioid hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IOP) Intraocular pressure R: normal, L: normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RPED) Retinal pigment epithelium dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(HAPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(PLA) Pectinate ligament anomaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Grade: 0 1 2 3 Residual
 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 membranes	<input type="checkbox"/>	Posterior Cortical Cataract	<input type="checkbox"/>	GFRA-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"/>	Ptery	<input type="checkbox"/>		
Exotropion	<input type="checkbox"/>	Anterior Capsular Cataract	<input type="checkbox"/>	Optic nerve hypoplasia	<input type="checkbox"/>		
Combined entropion/exotropion	<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"/>	Chorioid 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 on the BVA/KC/ISDS Eye Scheme with the results as shown.
 Signature of Panelist: [Signature] Name: B. Blahut Date: 8-8-23

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 8 years