

Canine Health Schemes Eye Examination Certificate
 (BVA/KC/ISDS)

Pet name PHOEBE
 KC registered name PHOEBE
 Breed LACADOONE Colour RED
 Date of previous examination [redacted]
 Sex M F Date of birth 18/11/2018
 Owner's name and address [redacted]
 Owner's telephone number [redacted]
 Vet's name and address [redacted]
 Vet's telephone number [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 EPWPF).
 I understand and agree that the use of a mydriatic agent Tropicamide 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 24/04/2023

EXAMINATION OF THE EYE AND ADNEXA

Examination: 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**

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/wallet (EPWPF) used:

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 - Cystiboma	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract (PLL) Primary lens luxation (POAG) Primary open angle glaucoma (IOP) Intraocular pressure R: mmHg, L: mmHg (PRA) Progressive retinal atrophy (RPED) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia (RD) Retinal dysplasia (HC) Congenital hereditary cataract (PHV) Persistent hyperplastic primary vitreous (LA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>		<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.

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:

<input type="checkbox"/> Iris <input type="checkbox"/> KC cilia <input type="checkbox"/> Lacrimal gland <input type="checkbox"/> Lens luxation <input type="checkbox"/> Lens subluxation <input type="checkbox"/> Medial entropion/ectropion <input type="checkbox"/> Ocular defects <input type="checkbox"/> Pigmentary lipid deposition	<input type="checkbox"/> Persistent pupillary membrane <input type="checkbox"/> Ocular Melanosis <input type="checkbox"/> Pectinate ligament abnormality <input type="checkbox"/> Lens luxation <input type="checkbox"/> Anterior Capsular Cataract <input type="checkbox"/> Anterior Cortical Cataract <input type="checkbox"/> Perinuclear Cataract <input type="checkbox"/> Nuclear Cataract	<input type="checkbox"/> Posterior Cortical Cataract <input type="checkbox"/> Posterior Polar Subcapsular Cataract <input type="checkbox"/> Posterior Capsular Cataract <input type="checkbox"/> PHV <input type="checkbox"/> Optic nerve hypoplasia <input type="checkbox"/> Posterior segment coloboma <input type="checkbox"/> Choroidal hypoplasia <input type="checkbox"/> MRD-like appearance	<input type="checkbox"/> GPRA-like appearance <input type="checkbox"/> RPED-like appearance <input type="checkbox"/> Other conditions (specify)
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Today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown:
 Name I.K. JASON Date 24/4/23
 Signature of Panelist [signature]

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 3 years
 BVA telephone 020 7908 6380
 Legend: White - Owner Yellow & Blue - BVA Pink - retained by panelist