

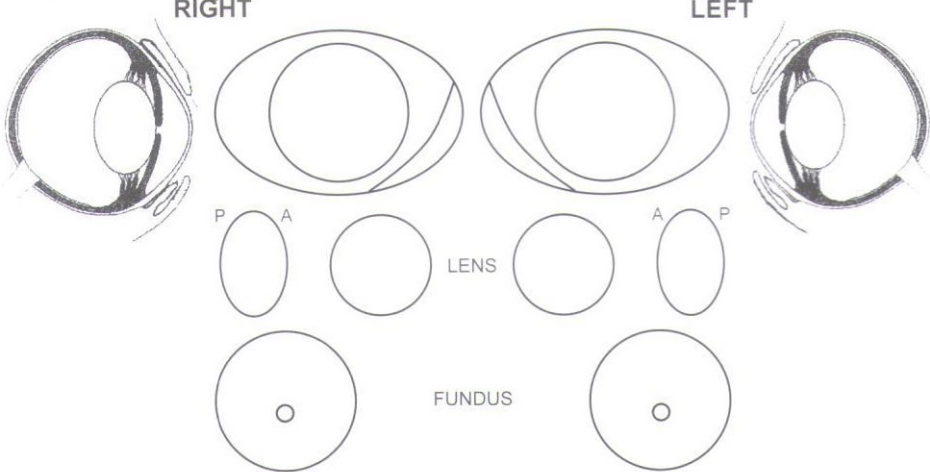
**British Veterinary Association/Kennel Club/International Sheep Dog Society (BVA/KC/ISDS)
CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE**

Pet name MICA KC no BA0919876 Microchip no 643093333023703
 KC registered name TAIRIS VINCHESTER AT TROTANBULLS Date of previous examination _____
 Breed STAFFORDSHIRE BULL TERRIER Colour BLACK BRINDLE Sex M F Date of birth 30-03-21
 Owner's name and address MR P LEWIS, 13 RUNCIE CRESCENT, BASINGSTOKE, RG23 8BN
 Owner's telephone number 07930004932 Owner's email address PAULLEWIS65@ROCKETMAIL.COM
 Vet's name and address COMPLAMON CARE, BASINGSTOKE
 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 TROPICAMIDE 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 CHS services or for other lawful reasons.
 Signature of Owner/Agent [Signature] Date 04-04-23

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**

 Robert Lowe BVSc DVOphthal MRCVS
 RCVS Specialist in Veterinary Ophthalmology
 Optivet Referrals LTD, 3 Downley Road
 Havant, PO9 2N.J. 01243 888091

 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

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.

<p>CONGENITAL/NEONATAL</p> <p>(CEA) Collie eye anomaly - Choroidal hypoplasia - Coloboma</p> <p>(MRD) Multifocal retinal dysplasia (TRD) Total retinal dysplasia (CHC) Congenital hereditary cataract (PHPV) Persistent hyperplastic primary vitreous (PLA) Pectinate ligament abnormality</p>	<p>CLINICALLY UNAFFECTED</p> <p><input checked="" type="checkbox"/></p>	<p>CLINICALLY AFFECTED</p> <p><input type="checkbox"/></p>	<p>NON-CONGENITAL</p> <p>(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</p>	<p>CLINICALLY UNAFFECTED</p> <p><input checked="" type="checkbox"/></p>	<p>CLINICALLY AFFECTED</p> <p><input type="checkbox"/></p>
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'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.

<p>Distichiasis <input type="checkbox"/></p> <p>Ectopic cilia <input type="checkbox"/></p> <p>Trichiasis <input type="checkbox"/></p> <p>Entropion <input type="checkbox"/></p> <p>Ectropion <input type="checkbox"/></p> <p>Combined entropion/ectropion <input type="checkbox"/></p> <p>Multi-ocular defects <input type="checkbox"/></p> <p>Corneal lipid deposition <input type="checkbox"/></p>	<p>Persistent pupillary membrane <input type="checkbox"/></p> <p>Ocular Melanosis <input type="checkbox"/></p> <p>Pectinate ligament abnormality <input type="checkbox"/></p> <p>Lens luxation <input type="checkbox"/></p> <p>Anterior Capsular Cataract <input type="checkbox"/></p> <p>Anterior Cortical Cataract <input type="checkbox"/></p> <p>Perinuclear Cataract <input type="checkbox"/></p> <p>Nuclear Cataract <input type="checkbox"/></p>	<p>Posterior Cortical Cataract <input type="checkbox"/></p> <p>Posterior Polar Subcapsular Cataract <input type="checkbox"/></p> <p>Posterior Capsular Cataract <input type="checkbox"/></p> <p>PHPV <input type="checkbox"/></p> <p>Optic nerve hypoplasia <input type="checkbox"/></p> <p>Posterior segment coloboma <input type="checkbox"/></p> <p>Choroidal hypoplasia <input type="checkbox"/></p> <p>MRD-like appearance <input type="checkbox"/></p>	<p>GPRA-like appearance <input type="checkbox"/></p> <p>RPED-like appearance <input type="checkbox"/></p> <p>Other conditions (specify) _____</p> <p>_____</p> <p>_____</p>
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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 R. Cant Date 04-04-23

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