

Pet name: DASHA
 KC registered name: EXCLUSIVELY AURORA OF STAFFULL COMPTON
 Breed: STAFFORDSHIRE BULL Colour: RED & WHITE
 Owner's name and address: R. McDEVAN, 6 ARDENLEE DR., MAIDSTONE ME4 5LS
 Owner's telephone number: 07444 931899 Owner's email address: nutzan30@gmail.com
 Vets name and address: MEDIVET, MAIDSTONE
 Vets telephone number: _____ Vets email address: _____

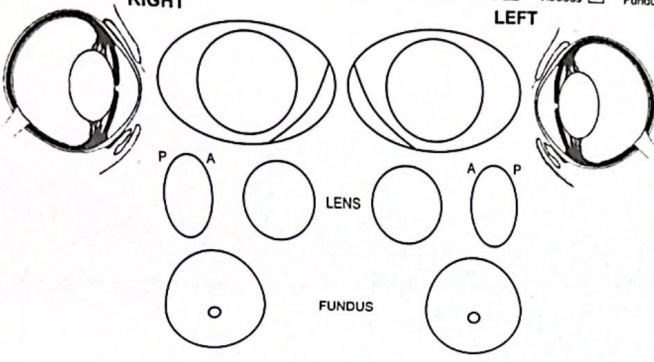
KC no: 410912087 Microchip no: 953000010444970

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 PROXIMETACaine 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: _____ Date: 2/1/22

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 ADNEXL 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 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.

CONGENITAL/NEONATAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Collie eye anomaly	- Choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	(PLL) Primary lens luxation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- Coloboma	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	(IOP) Intraocular pressure R mmHg L mmHg	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy	(RPED) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	(PHPV) Persistent hyperplastic primary vitreous	<input checked="" 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 Panellist: _____ Name: JAMES AUEL Date: 2/1/22

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

OWNER REGISTRATION CERTIFICATE

CURRENT KENNEL CLUB REGISTERED OWNER:

Mr R Moldovan
6 Ardenlee Drive, Maidstone, ME14 5LS



REGISTERED NAME: EXCLUSIVELY AURORA OF STAFFBULL COMPANY (IMP HUN) (AY2)

PREVIOUSLY REGISTERED AS:

TITLES:

BREED: Staffordshire Bull Terrier

DATE OF BIRTH: 20/10/2019

COLOUR: Red & White

SEX: Bitch

IMPORTED FROM: Hungary

BREEDER: Ms N Zoltan

REGISTRATION NUMBER: AY0912087

STUD BOOK NUMBER:

DNA PROFILE:

MICROCHIP NUMBER: 953000010444970

TATTOO NUMBER:

ENDORSEMENTS:

KC/BVA/ISDS
Eye Examination Scheme
Signed
Date 21/2
For results see Certificate

HEALTH SCREENING

Health results and screening that could affect this dog are publicly available on the Kennel Club website here

www.thekennelclub.org.uk/search/health-test-results-finder/

Please check all health information and undertake necessary health testing and screening before breeding.

SIRE:

REGISTERED NAME: SUURISUN BOPPINGHAMS BIRULAI (ATCAQ00966FIN) (AQ3)

TITLES: CH

REGISTRATION NUMBER: FIN53932/11

STUD BOOK NUMBER: 2008CY

HEALTH SCREENING

Health results and screening that could affect this dog are publicly available on the

Kennel Club website here

www.thekennelclub.org.uk/search/health-test-results-finder/

Please check all health information and undertake necessary health testing and screening before breeding.

DAM:

REGISTERED NAME: CYPRESS HILL OF STAFFBULL COMPANY

TITLES:

REGISTRATION NUMBER: MET.Staff.b.1.378/18

STUD BOOK NUMBER:

HEALTH SCREENING

Health results and screening that could affect this dog are publicly available on the

Kennel Club website here

www.thekennelclub.org.uk/search/health-test-results-finder/

Please check all health information and undertake necessary health testing and screening before breeding.