

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

Pet name _____ Panellist's ref no. _____

Owner's name and address _____

Owner's telephone number _____ Previous examination: No Yes Date of last examination _____

KC/ISDS registered name _____

Registered no.

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 Microchip no.

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Breed _____ Colour _____ Sex M F Date of birth _____

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Eye Scheme is the one described above. I agree that the registration documents should be stamped with the date of examination and that the information obtained may be made available for research purposes and may be published (deletion of these statements invalidates the certificate). Any appeal against the results specified below must be made to the BVA (for details see EPWP 1).

I understand that the personal information provided as part of the scheme is only used to facilitate my request and will be retained for 7 years for accounting purposes on an electronic system. My personal information will not be shared with anyone outside the scheme

Signature of Owner/Agent _____ Date _____

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other _____

Parts Examined: Adnexa _____ Cornea _____ Drainage Angle _____ Iris _____ Lens _____ Vitreous _____ Fundus _____

Clinically Unaffected _____

Clinically Affected _____

	Right		Left		Comments
					NO OCULAR OR OCULAR ADNEXAL ABNORMALITIES DETECTED <input type="checkbox"/>
	P A 	A P 	LENS		
			FUNDUS		

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 – SCHEDULE A BREEDS ONLY

This section applies only to those conditions in the breeds specified in Schedule A of the Procedure Notes current on the day of examination. These results will be sent to the KC and/or ISDS as appropriate.

CONGENITAL	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	CLINICALLY	CLINICALLY CONGENITAL/NEONATAL	NON-																		
				UNAFFECTED	AFFECTED																		
(CEA) – Choroidal hypoplasia(PLL) – Coloboma(POAG) Primary lens luxation	Collie eye <input type="checkbox"/>	<input type="checkbox"/>	anomaly(HC)	<input type="checkbox"/>	<input type="checkbox"/>																		
(MRD) Multifocal retinal dysplasia(IOP) (TRD) Total retinal dysplasia(GPRA) Generalised (CHC) Congenital hereditary cataract(RPED) vitreous(BR) Breed-specific retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	glaucoma pressure R mmHg L mmHg progressive retinal atrophy pigment epithelial dystrophy (PHPV)	<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.																							
Gonioscopy Grading Result: 0 = normal, 1 = mildly affected, 2 = moderately affected, 3 = severely affected.	<table border="1"> <tr><th>Grade</th><th>0</th><th>1</th><th>2</th><th>3</th><th>Result</th></tr> <tr><td>R</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>L</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Grade	0	1	2	3	Result	R						L							The age of onset of non-congenital eye disease varies in different breeds and between individual dogs. It is therefore important to follow any advice given at the time of this examination with regard to the necessity for and frequency of eye examination under the Scheme. Retesting under the BVA/KC/ISDS Scheme advised in		
Grade	0	1	2	3	Result																		
R																							
L																							

CLINICALLY AFFECTED for conditions NOT currently known or proven to be inherited in the breed examined:

Distichiasis <input type="checkbox"/>	Persistent pupillary membrane <input type="checkbox"/>	Cortical cataract <input type="checkbox"/>	RPED-like appearance <input type="checkbox"/>
Ectopic cilia <input type="checkbox"/>	Abnormal pigment deposition <input type="checkbox"/>	Nuclear cataract <input type="checkbox"/>	Other conditions (specify) <input type="checkbox"/>
Entropion <input type="checkbox"/>	Pectinate ligament abnormality <input type="checkbox"/>	Optic nerve hypoplasia <input type="checkbox"/>	
Ectropion <input type="checkbox"/>	Lens luxation <input type="checkbox"/>	Posterior segment coloboma <input type="checkbox"/>	
Combined entropion/ectropion <input type="checkbox"/>	PHPV <input type="checkbox"/>	Choroidal hypoplasia <input type="checkbox"/>	
Multi-ocular defects <input type="checkbox"/>	Capsular cataract <input type="checkbox"/>	MRD-like appearance <input type="checkbox"/>	
Corneal lipid deposition <input type="checkbox"/>	Subcapsular cataract <input type="checkbox"/>	GPRA-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 _____ Date _____

Distribution: White – Owner Pink – BVA Yellow – retained by panellist

BVA telephone 020 7908 6380 BVA 03/18