

Pet name DYLAN

RETEST FROM 23.11.11 (FAIL)

British Veterinary Association/Kennel Club/International Sheep Dog Society

CERTIFICATE OF EYE EXAMINATION

KC/ISDS registered name HOUNDSBAY WILD HEARTED SON

Panellist's ref no BC 12/288

Breed BASSET HOUND SAUNDERS

Colour TRI

Registered no AH 000 28308

Sex M F Date of birth 12.11.06

Owner's telephone number 01536 760304

Previous examination: No Yes Date of last exam 23.11.11 Microchip/tattoo no 958000001108669

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 document should be stamped with the date of this 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 leaflet EPWP1).

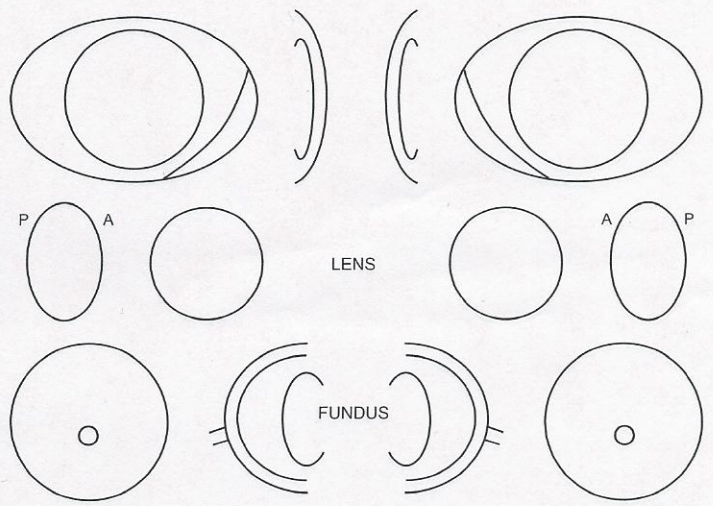
Date 23.9.12 Signed [Signature] Owner/Agent

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic: Ophthalmoscopy: Direct Indirect Biomicroscopy: Gonioscopy: Other

Parts examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus

Clinically Unaffected _____
Clinically Affected _____



Descriptive comments:
narrow angle
highly pigmented
generally (85%) normal
pectinate ligament.
no flow holes seen.

Information for owners/Appeals leaflet (EPWP1) issued
I confirm that the scanned microchip/tattoo number matches the no. on this certificate

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"/>	Nuclear cataract	<input type="checkbox"/>	Choroidal hypoplasia	<input type="checkbox"/>
Ectopic cilia	<input type="checkbox"/>	Abnormal pigment deposition	<input type="checkbox"/>	Posterior polar sub-capsular cataract	<input type="checkbox"/>	Multifocal retinal dysplasia	<input type="checkbox"/>
Entropion	<input type="checkbox"/>	Goniodysgenesis	<input type="checkbox"/>	Other cataract	<input type="checkbox"/>	Total retinal dysplasia	<input type="checkbox"/>
Ectropion	<input type="checkbox"/>	Primary lens luxation	<input type="checkbox"/>	Optic nerve hypoplasia	<input type="checkbox"/>	GPRA-like appearance	<input type="checkbox"/>
Multi-ocular defects	<input type="checkbox"/>	PHPV	<input type="checkbox"/>	Posterior segment coloboma	<input type="checkbox"/>	Central PRA-like lesions	<input type="checkbox"/>
Corneal lipid deposition	<input type="checkbox"/>	Other conditions (specify)	<input type="checkbox"/>				

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 Kennel Club and/or ISDS as appropriate.

CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Collie eye anomaly	- choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	(GPRA) Generalised progressive retinal atrophy		<input type="checkbox"/>	<input type="checkbox"/>
	- coloboma	<input type="checkbox"/>	<input type="checkbox"/>	(CPRA) Central progressive retinal atrophy		<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia		<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract		<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia		<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation		<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract		<input type="checkbox"/>	<input type="checkbox"/>	<p>The age of onset of non-congenital inherited 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.</p> <p>Retesting under the BVA/KC/ISDS scheme advised in _____</p>			
(PHPV) Persistent hyperplastic primary vitreous		<input type="checkbox"/>	<input type="checkbox"/>				
(G) Goniodysgenesis		<input checked="" 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

I have today examined the above animal under the BVA/KC/ISDS eye scheme with the results as shown

Signed [Signature] Name B.D. COTTRELL Date 23.9.12