

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

Pet name Bullet KC no. AX01511603 Microchip no. 953010004459558
 KC registered name Endhunter Pilem Ridge of Sussex Date of previous examination 22/3/23
 Breed Labrador Retriever Colour Yellow Sex M F Date of birth 10/4/20
 Owner's name and address R. Corbett, 4 Seaview Rd, Wathing, W. Sx.
 Owner's telephone number 07806 274780 Owner's email address rebecca.corbett@hotmail.co.uk
 Vet's name and address Crossways Vet, 179 London Rd, Wathing, W. Sx.
 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 _____ Date 26/3/24

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic 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 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		<input type="checkbox"/>	<input type="checkbox"/>
	- Coloboma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation		<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma		<input checked="" type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia		<input type="checkbox"/>	<input type="checkbox"/>	(IOP) Intraocular pressure R mmHg L mmHg		<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract		<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous		<input type="checkbox"/>	<input type="checkbox"/>	(RPED) Retinal pigment epithelial dystrophy		<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.

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 L. K. Dawson Date 26/3/24

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

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

To: British Veterinary Association
7 Mansfield Street, London W1G 9NQ
Telephone: 020 7908 6380

21-209912

THE ORIGINAL OF THIS CERTIFICATE IS GREEN

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number AX01511603

KC Registered Name ENDOHUNTER PILCKEM RIDGE (AX2)
Breed LABRADOR RETRIEVER Sex MALE Date of birth 10/04/2020
Name of owner REUBEN CORSETT Address 4 SEAVIEW RD, WORTHING,
WEST SUSSEX Post code BN11 3AD

Sire: FITCH TICEFIELD DAZED N'CONFUSED Dam: ENDOHUNTER SPITARE

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been scored under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents
- (f) I understand that once the submission has been received by the Canine Health Schemes office it cannot be withdrawn from the process
- (g) 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

Owner's/Agent's signature [Signature] Date 1 19 JUN 2021

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

(Section A must be completed in full before completing Section B)

Microchip/Tattoo no. 953010004459558 Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date 1 19 JUN 2021 and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes.

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) Roger S. Meacock MRCVS
Address Rose Dene, Shipton Road
Milton under Wychwood OX7 6JT Post code [Blank]
Veterinary Surgeon's Signature Roger S. Meacock F/MRCVS Date 1 19 JUN 2021

Please submit the correct fee for the radiograph to be processed (cheques payable to BVA.) For current fees contact BVA

Section C - TO BE COMPLETED BY SCRUTINEERS

CERTIFICATE OF SCORING

HIP JOINT	Score Range	Right	Left
Norberg angle	0-6	0	0
Subluxation	0-6	0	0
Cranial acetabular edge	0-6	0	0
Dorsal acetabular edge	0-6	0	0
Cranial effective acetabular rim	0-6	0	0
Acetabular fossa	0-6	0	0
Caudal acetabular edge	0-5	0	0
Femoral head/neck exostosis	0-6	0	0
Femoral head recontouring	0-6	0	0
TOTALS (max possible 53 per column)		0	0

NB The scores represent the opinion of the BVA appointed scrutineers for the radiograph submitted. The lower the score, the less evidence of hip dysplasia present. Please consult the current procedure notes and breed mean score sheet for relevant details (available from BVA)

Total score (max possible 106)

WE HEREBY CERTIFY that the score of the radiograph submitted for the dog identified above was produced using the scoring criteria of the BVA/Kennel Club Hip Dysplasia Scheme Date 25 AUG 2021

Signed [Signature] F/MRCVS Signed R Dennis F/MRCVS

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

To: British Veterinary Association
7 Mansfield Street, London W1G 9NQ
Telephone: 020 7908 6380

21-209912

THE ORIGINAL OF THIS CERTIFICATE IS GOLD

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number AX01511603

KC Registered Name ENDOHUNTER PILCKEM RIDGE (AX2)
Breed LABRADOR RETRIEVER Sex MALE Date of birth 10/04/2020
Name of owner REUBEN CORSETT Address 4 SEAVIEW RD, WORTHING,
WEST SUSSEX Post code BN11 3AD

Sire: FITCH TICEFIELD DAZED N'CONFUSED Dam: ENDOHUNTER SPITARE

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been graded under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents
- (f) I understand that once the submission has been received by the Canine Health Schemes office it cannot be withdrawn from the process
- (g) 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

Owner's/Agent's signature [Signature] Date 1 19 JUN 2021

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

(Section A must be completed in full before completing Section B)

Microchip/Tattoo no. 953010004459558 Microchip/Tattoo confirmed

I certify that the radiographs relating to the dog identified above were taken on the following date 1 19 JUN 2021 and in conformity with the provisions of the Elbow Dysplasia Scheme Procedure Notes.

Veterinary surgeon submitting radiographs (BLOCK CAPITALS) Roger S. Meacock MRCVS
Address Rose Dene, Shipton Road
Milton under Wychwood OX7 6JT Post code [Blank]
Veterinary Surgeon's Signature Roger S. Meacock F/MRCVS Date 1 19 JUN 2021

Please submit the correct fee for the radiographs to be processed (cheques payable to BVA.) For current fees contact BVA

Section C - TO BE COMPLETED BY SCRUTINEERS

CERTIFICATE OF GRADING

	RIGHT	LEFT
GRADE (range 0-3)	0	0

OVERALL GRADE (max possible 3) 0

NB The grades are based on a flexed lateral and neutral lateral view of each elbow and represent the opinion of the BVA appointed scrutineers for the radiographs submitted. The lower the grade, the less evidence of elbow dysplasia present. The overall grade given for both elbows is that given to the elbow with the highest grade. Please consult the current procedure notes for relevant details (available from BVA)

WE HEREBY CERTIFY that the grade of the radiographs submitted for the dog identified above was produced using the grading criteria of the BVA/Kennel Club Elbow Dysplasia Scheme Date 25 AUG 2021

Signed [Signature] F/MRCVS Signed R Dennis F/MRCVS