

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

Owner's name and address _____

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

Registered No(s) _____

Breed _____ Date of birth _____ Number born in litter _____

KC/ISDS Reg Name & No. of Sire _____

KC/ISDS Reg Name & No. of Dam _____

I hereby declare that the dog(s) submitted for litter screening under the BVA/KC/ISDS Eye Scheme is/are the one(s) described. I agree 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).

Signature of Owner/Agent _____ Date _____

This section applies only to those conditions in the breeds specified in Schedule A of the Procedure Notes current on the day of examination. Litter screening applies only to dogs up to 12 weeks of age. These results will be recorded at the KC and/or ISDS as appropriate.

(Insert condition being certified in box below)

CEA Collie eye anomaly, **CHC** Congenital hereditary cataract, **PHPV** Persistent hyperplastic primary vitreous, **MRD** Multifocal retinal dysplasia, **TRD** Total retinal dysplasia

--	--	--

	Microchip Number	Colour	Sex	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
1	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"Clinically affected" signifies that there is visible evidence of the inherited eye disease(s) specified, whereas 'clinically unaffected' signifies that there is no such evidence.

Comments **NO OCULAR OR OCULAR ADNEXAL ABNORMALITIES DETECTED IN ANY OF THE PUPPIES**

DNA sample taken on this date: Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that the scanned microchip number matches the number on the certificate <input type="checkbox"/>
Information for owners/Appeals leaflet (EPWP1) issued <input type="checkbox"/>

I have today examined the above animal(s) under the BVA/KC/ISDS Eye Scheme with the results as shown

Signature of Panellist _____ Name _____ Date _____

Panellist's ref no. _____

Distribution: White – owner Blue – BVA Yellow – retained by panellist