



Certificate of eye examination

European College of Veterinary Ophthalmologists

Registration for the United Kingdom

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ECVO reg.no. Examination

O-GB

ECVO reg.no. examiner

Animal

Name				Breedclub			
Breed				Colour			
Registration no.				Tattoo			
Microchip no.							
Date of birth	day month year	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Previous examination	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Unaffected <input type="checkbox"/> Suspicious	<input type="checkbox"/> Undetermined <input type="checkbox"/> Affected	

Owner/agent

Name				DNA-Tests	<input type="checkbox"/> Yes type+date <input type="checkbox"/> No
Address					
Country, Post code	Country	Post code	Town		

The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication and other ECVO approved use.

Signature owner / agent

Examination

Identification

Date	day month year	Check tattoo	<input type="checkbox"/> Correct <input type="checkbox"/> Partly /Unreadable <input type="checkbox"/> Incorrect <input type="checkbox"/> Absent
Method minimal:	Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy $\geq 10\times$	Check microchip	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Absent
Optional:	<input type="checkbox"/> Examined before dilatation <input type="checkbox"/> Direct Ophthalmoscopy <input type="checkbox"/> Gonioscopy (without mydriatic)	<input type="checkbox"/> Tonometry (without mydriatic) <input type="checkbox"/> Other:	

If another method is used, this form only has value with a specifying certificate.

Right eye (OD)	Photographs:	Left eye (OS)	Photographs:
ant.	post. lat./temp. med./nas.	ant.	post. med./nas. lat./temp.

Descriptive comments:

8. ICAA: PLA	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
ICA (width)	<input type="checkbox"/> narrow (moderate) <input type="checkbox"/> closed (severe)

Eye disease no. ☐ mild ☐ severe

Results for the known or presumed hereditary eye diseases (KP-HED):

	UNAFFECTED	UNDETERMINED	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> iris <input type="checkbox"/> cornea <input type="checkbox"/> lens <input type="checkbox"/> lamina
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> grade 1 <input type="checkbox"/> grade 2-6
3. Cataract (congenital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid. hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other:
5. Hypoplastic-/Micro-papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other:	<input type="checkbox"/>	<input type="checkbox"/>	
8. IridoCorneal Angle Abnormality. (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	

Results valid for 12 months

	UNAFFECTED	SUSPICIOUS	AFFECTED
11. Entropion/Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion/Macroblepharon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis /Ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> cortical <input type="checkbox"/> post. pol. <input type="checkbox"/> ant sut. l. <input type="checkbox"/> punctata <input type="checkbox"/> nucleus <input type="checkbox"/> other
15. Cataract (non-congenital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation

* "Unaffected" signifies that there is no clinical evidence of the known or presumed hereditary eye diseases (KP-HED) specified, whereas "affected" signifies that there is such evidence.
** The animal displays clinical features that could possibly fit the KP-HED mentioned, but the changes are inconclusive.
*** The animal displays minor, but specific clinical signs of the KP-HED mentioned. Further development will confirm the diagnosis. Reexamination inmonths.

FOR FURTHER INFORMATION: P.T.O.

Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Name

Place

colour / distribution
1 white national registry
2 pink examiner
3 yellow national breed club
4 white owner/agent

signature examiner, authorized by ECVO

29-5-17 © ECVO