

**Animal**

Name

Breed  Breedclub

Registration no.  Colour

Microchip no.  Tattoo

Date of birth  Sex  Female  Male Previous examination  No  Yes:  Unaffected  Undetermined  Suspicious  Affected

**Owner/agent**

Name  DNA-Tests  Yes type+date  No

Address

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**

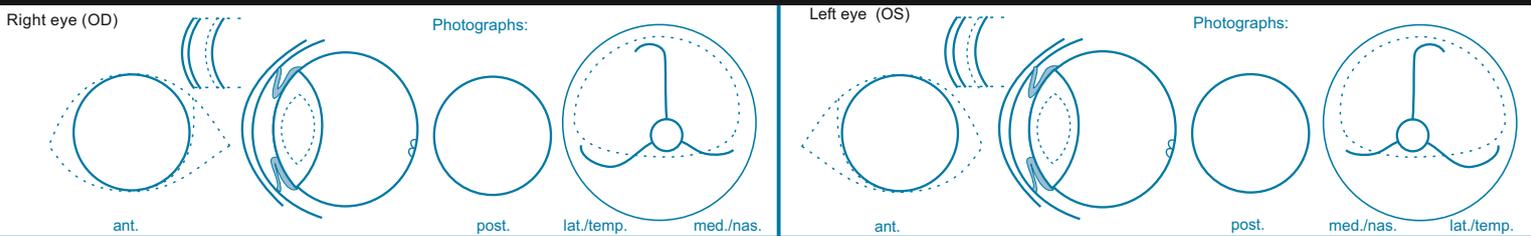
Date

Method minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy  $\geq 10\times$

Optional:  Examined before dilatation  Tonometry (without mydriatic)  Direct Ophthalmoscopy  Other: .....  Gonioscopy (without mydriatic)  If another method is used, this form only has value with a specifying certificate.

Check tattoo  Correct  Partly /Unreadable  Incorrect  Absent

Check microchip  Correct  Incorrect  Absent



Descriptive comments: .....

Eye disease no.  mild  severe

8. ICAA: PLA  mild  moderate  severe

ICA (width)  narrow (moderate)  closed (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"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total
5. Hypoplastic-/Micro-papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid. hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other:
7. Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality. (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe

**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 in .....months.

**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

29-5-'17 © ECVO.

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

signature examiner, authorized by ECVO