

British Veterinary Association/Kennel Club/International Sheep Dog Society
LITTER SCREENING EYE EXAMINATION FORM

Registered No(s) Panellist's ref no
Breed Date of birth..... Number born in litter
KC/ISDS Reg Name & No of Sire
KC/ISDS Reg Name & No of Dam
Owner/Agent's name Owner's veterinary surgeon
Owner's Address
..... Owner's telephone number

Previous examination: NO YES Date of last examination
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 (deletion of these statements invalidates the form). Any appeal against the results specified below must be made to the BVA (for details see leaflet EPWPI).
Date Signed..... Owner/Agent

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.

Identification	Colour	Sex	CEA		CHC		PHPV		MRD		TRD	
			Clinically Unaffected	Clinically Affected	Clinically Unaffected	Clinically Affected	Clinically Unaffected	Clinically Affected	Clinically Unaffected	Clinically Affected	Clinically Unaffected	Clinically Affected
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

I confirm that the scanned microchip/tattoo number(s) if present matches the number(s) on this form
Information for owners/Appeals leaflet (EPWPI) issued

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

Panellist's signature Name Date

Distribution: White – owner Blue – BVA Yellow – retained by panellist Pink – Owner's veterinary surgeon BVA 01/10
CEA Collie eye anomaly, CHC Congenital hereditary cataract, PHPV Persistent hyperplastic primary vitreous, MRD Multifocal retinal dysplasia, TRD Total retinal dysplasia