



Regency Reds Amos WALA

00044556

Tel Debbie: 07463228331



CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

Pet name Amos KC no. Microchip no. 900200000752666
 KC registered name Date of previous examination
 Breed AUSTRALIAN LABRADOR Colour RED Sex M F Date of birth 10-4-2020
 Owner's name and address
 Owner's telephone number 07463228331 Owner's email address
 Vet's name and address St. Amersvets, St. Amers Road, Eastbourne
 Vet's telephone number 01323 640011 Vet's email address

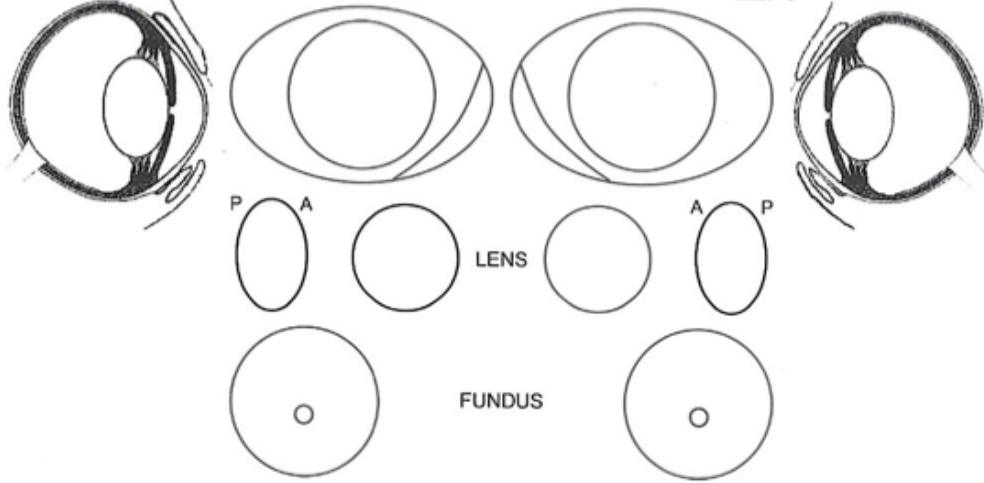
I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Canine Health Scheme is the one described above and that the information obtained may be made available for research purposes and may be published. Any appeal against the results specified below must be made to the BVA (for details see EPWP1).
 I understand and agree that the use of a mydriatic agent 1.0% Atropine 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 13-2-2023

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

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) <input type="checkbox"/>
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 Date 13/02/23

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 - 208890

THE ORIGINAL OF THIS
CERTIFICATE IS GREEN

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number		NOT REGISTERED			
KC Registered Name <u>Resency red Amos</u>					
Breed	<u>Australian Labradoodle</u>	Sex	<u>m</u>	Date of birth	<u>10/10/2020</u>
Name of owner		Address			
		Post code			
Sire: <u>Resency red cherry</u>		Dam: <u>Resency red cherry</u>			

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 DA Cornford Date 1 01 MAY 2021

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

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

Microchip/Tattoo no. 900200000752666 Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date 1 01 MAY 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

Veterinary Surgeon's Signature Roger S. Meacock F/MRCVS Date 1 01 MAY 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	1	0
Subluxation	0-6	2	1
Cranial acetabular edge	0-6	2	2
Dorsal acetabular edge	0-6	/	/
Cranial effective acetabular rim	0-6	/	/
Acetabular fossa	0-6	/	/
Caudal acetabular edge	0-5	/	/
Femoral head/neck exostosis	0-6	/	/
Femoral head recontouring	0-6	/	/
TOTALS	(max possible 53 per column)	5	3

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) 8

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 23 JUN 2021

Signed [Signature] F/MRCVS Signed [Signature] F/MRCVS

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

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

THE ORIGINAL OF THIS
CERTIFICATE IS GOLD

21-208800

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number

not registered

KC Registered Name

Regency red Anos

Breed

Australian Labradoodle

Sex

M

Date of birth

10/10/2020

Name of owner

Address

Post code

Sire:

Regency red Nake

Dam:

Regency red cherry

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

DACOMford

Date

01 MAY 2021

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

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

Microchip/Tattoo no.

9 0 0 2 0 0 0 0 0 7 5 2 6 6 6

Microchip/Tattoo confirmed

I certify that the radiographs relating to the dog identified above were taken on the following date

01 MAY 2021

Veterinary surgeon submitting radiographs (BLOCK CAPITALS)

Address

Rose Dene, Shipton Road
Milton under Wychwood OX7 6JT

Post code

Veterinary Surgeon's Signature

Roger S Meacock

F/MRCVS

Date

01 MAY, 2021

Roger S Meacock MRCVS

Handwritten signature

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
0	0

GRADE
(range 0-3)

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 23 JUN 2021

Signed

Handwritten signature

F/MRCVS

Signed

Handwritten signature

F/MRCVS



Regency Reds Amos WALA 00044556

Contact Breeder

SDAL

Tel Debbie: 07463228331

Email: Debbie@southdownsaustralianlabradoodles.co.uk