



Certificate of eye examination
European College of Veterinary Ophthalmologists

Registration by Spain
Servici d'Oftalmologia
Fundació Hospital Clínic Veterinari
UAB: 08193
Bellaterra, Barcelona, Spain
Tel: +34 93-581 18 94
E-mail: serasa.pina@ub.cat
maria.lfv@uab.cat

ECVO reg.no. Examination

O-SP 0001564

ECVO reg.no. examiner

NEES

Animal

Name: BOBBY
Breed: AUSTRALIAN SHEPHERD Breedclub: _____
Registration no.: NOT REGISTERED Colour: CHOCOLATE WHITE PASTEL
Microchip no.: _____ Tattoo: _____
Date of birth: 01-07-19 Sex: Female Male Previous examination: No Yes
 Unaffected Suspectious Undetermined Affected

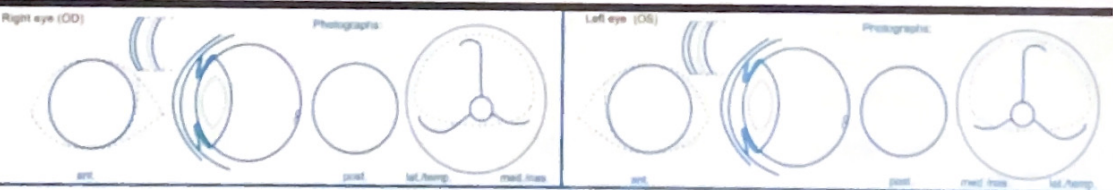
Owner/agent

Name: _____
Address: _____
Country, Post code: _____
Signature owner / agent: _____

Examination

Identification

Date: 10-10-20 Check tattoo: Correct Partly Unreadable Incorrect Absent
Method minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >10x Check microchip: Correct Incorrect Absent
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.



Descriptive comments: _____

Eye disease no. mild moderate severe

Results for the known or presumed hereditary eye diseases (KP-HED)				Results valid for 12 months			
	UNAFFECTED	UNDETERMINED	AFFECTED		UNAFFECTED	SUSPICIOUS	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperplastic Tunica Vasculosa Lentic/Primary Vitreous (PHTVL/PVPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ectropion/Macroblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Distichiasis /Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Cataract (non-congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. L. pectinatum abn. (only after gonioscopy)	<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 12 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: NATHALIA GEMELLI
 Place: CRIVIERI, PARMA, ITALY
 15-9-2016 ECVO
 colour / distribution
 1 white national registry
 2 pink examiner
 3 yellow national breed club
 4 white owner/agent
 Signature examiner, authorized by ECVO: _____

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