



AVA-ANKC AUSTRALIAN CANINE EYE SCHEME

Eye Examination Certificate

Issued by a Registered Specialist in Veterinary Ophthalmology



SERIAL No. 1712

REGISTRATION DETAILS:

Reg. Name CATKZ Martin Macician
Country of Origin AUS.
Reg. No. 3100216282 Date of Birth 13/1/09
Breed LABRADOR RETRIEVER
Sex: Male ☒ Female ☐ Colour CHOCOLATE
Permanent Identification 956000008089282 (Tattoo / Microchip)

I hereby declare that the dog submitted for examination is the one described above and that all the given statements are true. I understand that the information obtained may be used for statistical or research purposes without disclosing the identity of individual dogs, and that this applies for both Open Register and Closed Register breeds. In any breed where the ANKC National Breed Council or breed clubs in all States have adopted an 'Open Register' policy in regard to inherited eye defects, I accept that the results for all dogs submitted for an ACES exam may be published.

OWNER DETAILS:

Name PAM GREGG
Address 4018 SANG CRT
RINGWOOD Postcode 3134 State VIC
Contact Phone 0407 550271 Mobile 0407 550256
Owner's Veterinary Practice (optional)

PREVIOUS EXAMINATION: YES ☒ NO ☐

Date of Exam 20/6/2013

GENETIC SCREENING:

Test Lab:

Date of Exam / /20

RESULTS (eye conditions only):

Submission Date: 13 / 4 /2015

Signed: [Signature]

Owner / Agent

EXAMINATION OF EYE AND ADNEXA

INSTRUMENTATION:

Mydriatic ☒
Direct Ophthalmoscope ☐
Indirect Ophthalmoscope ☒
Slit Lamp Biomicroscopy ☒
Gonioscopy ☐
Other

PARTS EXAMINED:

	UNAFFECTED	AFFECTED
Adnexa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cornea	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Iris	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vitreous	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fundus	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RIGHT ▼

LEFT ▼

Identification confirmed ☐

DESCRIPTIVE COMMENTS

INHERITED EYE DISEASE STATUS

This section applies only to those breeds in which the named conditions are known to be inherited and which are listed under the Australian Canine Eye Scheme Schedule 1 on the date of examination. Results will be forwarded to the ANKC inherited diseases database and may be made public but only for OPEN REGISTER breeds.

CONGENITAL (present at birth)

	UNAFFECTED	AFFECTED
(CEA) Collie Eye Anomaly	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal Retinal Dysplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(TRD) Total Retinal Dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital Hereditary Cataract	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent Hyperplastic Primary Vitreous	<input type="checkbox"/>	<input type="checkbox"/>
(PPM) Persistent Pupillary Membrane	<input type="checkbox"/>	<input type="checkbox"/>
(G) Goniodysgenesis	<input type="checkbox"/>	<input type="checkbox"/>

NON-CONGENITAL (appears later in life)

	UNAFFECTED	AFFECTED
(GPRA) Generalised Progressive Retinal Atrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(RPED) Retinal Pigment Epithelial Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
(HC) Hereditary cataract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PLL) Primary Lens Luxation	<input type="checkbox"/>	<input type="checkbox"/>

The age of onset of non-congenital inherited eye disease varies in different breeds and between individual dogs. It is therefore important to follow any advice given at the time of this examination with regard to the necessity for and frequency of eye examinations as set out in the 'Information for Owners' document available from AVA at www.ava.com.au/aces. "Affected" signifies that there is visible evidence of the inherited disease(s) specified, whereas "Unaffected" signifies that there is no such evidence.

I have examined the above animal (and confirmed its identity) under the Rules of the AVA-ANKC Australian Canine Eye Scheme, with results as shown. Interpretations of eye signs as reported in this form are those of the individual panellist and do not necessarily reflect the opinion of all registered specialists.

Signed [Signature] ACES Panellist

Name (Block Letters)

A.G. TURNER Date 13 / 4 /2015

DISTRIBUTION OF FORMS: WHITE - OWNER (OPTIONAL COPY TO OWNER'S VET). YELLOW - AVA. BLUE - ACES PANELLIST.