

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

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

16-156173

FRENCH

THE ORIGINAL OF THIS
CERTIFICATE IS GREEN

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number **L O F 1 L O U . S A A 1**

KC Registered Name **JAKAN NAVARRE** 28010
 Breed **SAARLOOS** Sex **MALE** Date of birth **25/12/2014**
 Name of owner **MR R JONES** Address **SPRING FARM COTTAGE**

Sire: **IZKANDER DE LOUBA-TAR** Dam: **GRACIA DE DAM PRE**

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

Owner's/Agent's signature *[Signature]* Date **29/12/15**

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

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

Microchip/Tattoo no. **2 5 0 2 6 9 8 0 2 2 9 8 2 5 9**

Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date **29/12/15** and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) **JOHN GOODYEAR**
 Address **GLENTHORNE VETERINARY GROUP, 25 ASHBY ROAD, BURTON ON TREN, STAFFORDSHIRE** Post code **DE15 0LG**
 Veterinary Surgeon's Signature *[Signature]* F/MRCVS Date **29/12/15**

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 | 0 | 1 |
| Subluxation | 0-6 | 1 | 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) | 3 | 4 |

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)

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 **14 JAN 2016**

Signed *[Signature]* F/MRCVS Signed *[Signature]* F/MRCVS 01/09

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

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

016 - 156173
FRENCH

THE ORIGINAL OF THIS CERTIFICATE IS GOLD

Section A - TO BE COMPLETED BY OWNER/AGENT

| | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|
| KC Registered Number | L | O | F | 1 | L | O | U | S | A | A | 1 |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|

KC Registered Name JAKAN NAVARRE 280/0
 Breed SAARLOOS Sex MALE Date of birth 25 / 12 / 2014
 Name of owner MR R JONES Address SPRING FARM COTTAGE

Sire: IZKANDER DE LOUBA - TAR Dam: GRACIA DE DAIM PRE

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

Owner's/Agent's signature [Signature] Date 29 / 12 / 15

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON
(Section A must be completed in full before completing Section B)

Microchip/Tattoo no. 250269802298259 Microchip/Tattoo confirmed

I certify that the radiographs relating to the dog identified above were taken on the following date 29 / 12 / 15 and in conformity with the provisions of the Elbow Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiographs (BLOCK CAPITALS) JOHN GOODYEAR
 Address GLENTHORNE VETERINARY GROUP, 25 ASHBY ROAD, BURTON ON TRENT, STAFFORDSHIRE Post code DE15 0LQ
 Veterinary Surgeon's Signature [Signature] F/MRCVS Date 29 / 12 / 15

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 |
| GRADE (range 0-3) | 0 | 0 |
| 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 14 JAN 2016

Signed [Signature] F/MRCVS Signed [Signature] F/MRCVS 01/09

Pet name NAVARRE

British Veterinary Association/Kennel Club/International Sheep Dog Society

CERTIFICATE OF EYE EXAMINATION

KC/ISDS registered name JAKAN NAVARRE Panellist's ref no TUG 22195
DE LUNA CANIS LUPUS Registered no LOF/204/511
 Breed SARLLOOS Colour GREY Sex M F Date of birth 25-12-14
 Owner's name MR R JONES Owner's veterinary surgeon POOL HOUSE
 Owner's address SPRING FARM COTTAGE
 Owner's telephone number 01283 529176

Previous examination: No Yes Date of last exam 29-12-15 Microchip/tattoo no 250269802298259

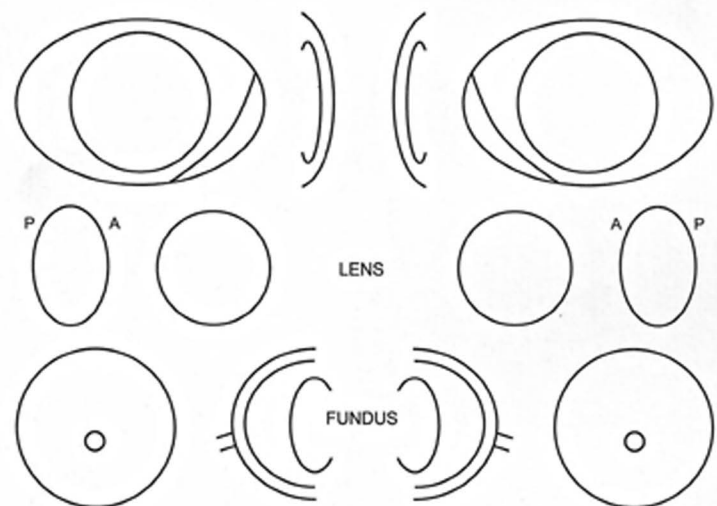
I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Eye Scheme is the one described above. I agree that the registration document should be stamped with the date of this examination and that the information obtained may be made available for research purposes and may be published (deletion of these statements invalidates the certificate). Any appeal against the results specified below must be made to the BVA (for details see leaflet EPWP1).

Date 10-01-17 Signed [Signature] Owner/Agent

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic: Ophthalmoscopy: Direct Indirect Biomicroscopy: Gonioscopy: Other

| Parts examined: | Adnexa | Cornea | Drainage Angle | Iris | Lens | Vitreous | Fundus |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Clinically Unaffected | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clinically Affected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Descriptive comments:

John V Goodyear
 BVM&S CertV Ophthal MRCVS
 29 Park Road DE13 8DW
 01283 713359

Information for owners/Appeals leaflet (EPWP1) issued
 I confirm that the scanned microchip/tattoo number matches the no. on this certificate

CLINICALLY AFFECTED for conditions **NOT currently known or proven to be inherited in the breed examined:**

| | | | |
|---------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| Distichiasis <input type="checkbox"/> | Persistent pupillary membrane <input type="checkbox"/> | Nuclear cataract <input type="checkbox"/> | Choroidal hypoplasia <input type="checkbox"/> |
| Ectopic cilia <input type="checkbox"/> | Abnormal pigment deposition <input type="checkbox"/> | Posterior polar sub-capsular cataract <input type="checkbox"/> | Multifocal retinal dysplasia <input type="checkbox"/> |
| Entropion <input type="checkbox"/> | Goniodysgenesis <input type="checkbox"/> | Other cataract <input type="checkbox"/> | Total retinal dysplasia <input type="checkbox"/> |
| Ectropion <input type="checkbox"/> | Primary lens luxation <input type="checkbox"/> | Optic nerve hypoplasia <input type="checkbox"/> | GPRA-like appearance <input type="checkbox"/> |
| Multi-ocular defects <input type="checkbox"/> | PHPV <input type="checkbox"/> | Posterior segment coloboma <input type="checkbox"/> | Central PRA-like lesions <input type="checkbox"/> |
| Corneal lipid deposition <input type="checkbox"/> | Other conditions (specify) <input type="checkbox"/> | | |

INHERITED EYE DISEASE STATUS – SCHEDULE A BREEDS ONLY

This section applies only to those conditions in the breeds specified in Schedule A of the Procedure Notes current on the day of examination. These results will be sent to the Kennel Club and/or ISDS as appropriate.

| CONGENITAL | CLINICALLY UNAFFECTED | CLINICALLY AFFECTED | NON-CONGENITAL | CLINICALLY UNAFFECTED | CLINICALLY AFFECTED |
|------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------|--------------------------|-------------------------------------|
| (CEA) Collie eye anomaly – choroidal hypoplasia – coloboma | <input type="checkbox"/> | <input type="checkbox"/> | (GPRA) Generalised progressive retinal atrophy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (MRD) Multifocal retinal dysplasia | <input type="checkbox"/> | <input type="checkbox"/> | (CPRA) Central progressive retinal atrophy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (TRD) Total retinal dysplasia | <input type="checkbox"/> | <input type="checkbox"/> | (HC) Hereditary cataract | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (CHC) Congenital hereditary cataract | <input type="checkbox"/> | <input type="checkbox"/> | (PLL) Primary lens luxation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (PHPV) Persistent hyperplastic primary vitreous | <input type="checkbox"/> | <input type="checkbox"/> | (POAG) Primary open angle glaucoma | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (G) Goniodysgenesis | <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 examination under the Scheme.
 Retesting under the BVA/KC/ISDS scheme advised in _____

I have today examined the above animal under the BVA/KC/ISDS eye scheme with the results as shown

Signed [Signature] Name GOODYEAR Date 10-01-17