

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

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

16 - 165119

THE ORIGINAL OF THIS
CERTIFICATE IS GREEN

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number U N R E G I S T E R E D

KC Registered Name "WILLOW"
 Breed SAARLOOS Sex F Date of birth 04 / 11 / 2014
 Name of owner ROSUS 904

Sire: Ups Beethuk Tachunga Dam: Aiwa Pett's Wolf

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 Date 10 / 11 / 16

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 2 4 8 4 2 5 Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date 10 / 11 / 16
 and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) P.A. ENGLAND
 Address POOL HOUSE VETERINARY HOSPITAL, FOSSEWAY LANE, LICHFIELD, STAFFS Post code WS13 8JY
 Veterinary Surgeon's Signature F/MRCVS Date 10 / 11 / 16

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	0	
Subluxation	0-6	1	1	
Cranial acetabular edge	0-6	1	1	
Dorsal acetabular edge	0-6	0	0	
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)	2	2	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

Signed C. Ash F/MRCVS Signed A. Owen F/MRCVS Date 15 DEC 2016

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

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

16 - 165119

THE ORIGINAL OF THIS CERTIFICATE IS GOLD

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number **UNREGISTERED**

KC Registered Name WILLOW

Breed SAAZLOOS Sex f Date of birth 04 / 11 / 2014

Name of owner ROSLISTON RD, BRAKELOW, BURTON-ON-TRENT, STAFFS, ST 7UF

Sire: Ups Beothuk Tachunga Dam: Aiwa Pett's Wolf

- 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 10 / 11 / 16

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

Microchip/Tattoo no. 900200000248425 Microchip/Tattoo confirmed

I certify that the radiographs relating to the dog identified above were taken on the following date 10 / 11 / 16 and in conformity with the provisions of the Elbow Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiographs (BLOCK CAPITALS) P.A. ENGLAND
Address POOL HOUSE VETERINARY HOSPITAL, FOSSEWAY LANE, WICKFIELD, STAFFS Post code WS13 8JY
Veterinary Surgeon's Signature [Signature] F/MRCVS Date 10 / 11 / 16

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 15 DEC 2016

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

Pet name Willow

British Veterinary Association/Kennel Club/International Sheep Dog Society
CERTIFICATE OF EYE EXAMINATION

KC/ISDS registered name _____ Panellist's ref no JVC 21082

Oare Serenity at Aescalia
Breed Scarboos Colour Forest Brown Sex M F Date of birth 04.11.14
Registered no NOT REGISTERED

Owner's name Mrs Jones Owner's veterinary surgeon Glenhome

Owner's address _____
Owner's telephone number _____

Previous examination: No Yes Date of last exam _____ Microchip/tattoo no 900200000248425

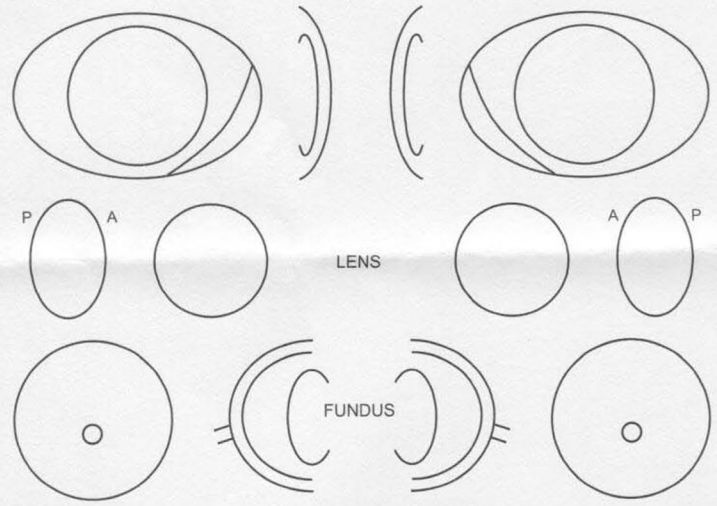
I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Eye Scheme is the one described above. I agree that the registration document should be stamped with the date of this examination and that the information obtained may be made available for research purposes and may be published (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 24.02.16 Signed _____ 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 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"/>



Descriptive comments:

John Goodyear
BVM&S Cert VOPhth MRCVS
Glenhome Vet Group
01283 519090

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 type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(CPRA) Central progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	<input type="checkbox"/>	<input 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 _____ Name GOODYEAR Date 24-02-16

Canine Parentage Report

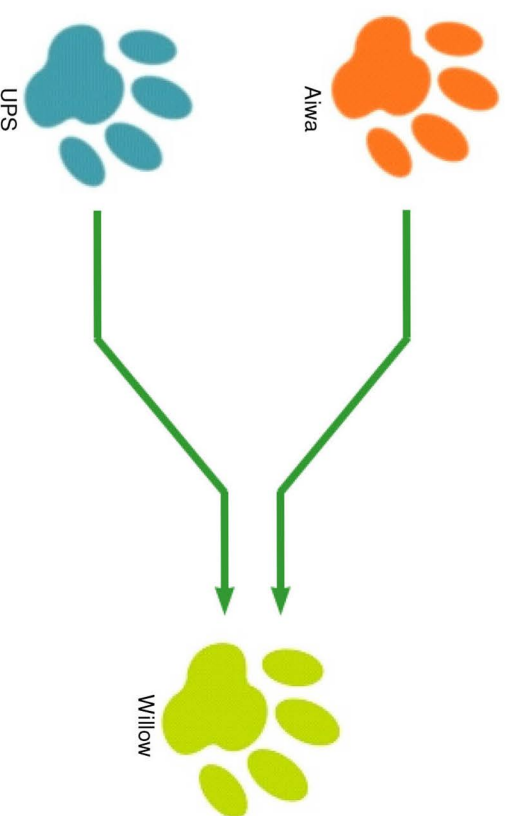
Submitted By	AG105031
Richard Jones	



Subject Profile		Name: Willow		Breed: Saar Loos		Registration: 900200000248425													
Phenotype:				Sex: Female		Birth: 4/1/2014													
Received: 08-May-2015	102	133/139	227/233	246	91	280	118/126	224	152	232/240	93	110/126	146	210/214	222/234	202/206	208/216	156	270
Run Date: 09-Jun-2015	AHT121	AHT137	AHTH171	AHTH260	AHTK211	AHTK233	C22-279	CAN-AMEL	FH2054	FH2948	INRA21	INU005	INU030	INU055	RENS4P11	RENI62C04	RENI69D01	RENI69O18	REN247M23

Dam Profile		Name: Aiwa																	
Received: 08-May-2015	102	135/139	227/233	246	91	280/288	118/126	224	152	232/240	93/101	110/126	146	214/218	222/234	202/206	216	156/160	270
Run Date: 13-May-2015	AHT121	AHT137	AHTH171	AHTH260	AHTK211	AHTK233	C22-279	CAN-AMEL	FH2054	FH2948	INRA21	INU005	INU030	INU055	RENS4P11	RENI62C04	RENI69D01	RENI69O18	REN247M23

Sire Profile		Name: UPS																	
Received: 08-May-2015	80/102	133	233	246	91/95	280	118/126	189/224	152	232	93/101	126	146	210/214	234	206/216	208/216	156	270
Run Date: 13-May-2015	AHT121	AHT137	AHTH171	AHTH260	AHTK211	AHTK233	C22-279	CAN-AMEL	FH2054	FH2948	INRA21	INU005	INU030	INU055	RENS4P11	RENI62C04	RENI69D01	RENI69O18	REN247M23



Parentage Analysis Results

Case#: **CAN1120**

Dam - Offspring: **Not Excluded**

Sire - Offspring: **Not Excluded**

Parentage: **Confirmed**

Potential parentage is confirmed. The parental relationship is **NOT EXCLUDED** based on the genetic markers used. It is highly likely that the two animals listed are the parents of the subject animal.