

## THE CAVALIER KING CHARLES SPANIEL CLUB

### HEART RESEARCH

#### DETAILS OF DOG: (Block capitals please)

K.C. Reg. Name	Microchip No.
	K.C. Reg. No.
	Date of Birth
	Colour
Owner's Name	
Owner's Address	
<i>I agree that all information may be used in confidence by veterinary surgeons and geneticists researching the problem of heart murmurs in Cavaliers.</i>	
Owner's Signature:	Date

The Club publishes a list of dogs and bitches aged five years and older that are free of MVD. This is to assist breeders wishing to comply with the guidelines for improving the health of the breed. Your co-operation is earnestly requested. If you DO NOT wish the name of your dog to be included on this list, please initial this box.

#### NOTE FOR VETERINARY SURGEONS.

It has been shown in many countries that degenerative valve disease is very common in Cavalier King Charles spaniels and can lead to heart failure and death. While modern medications can increase longevity and improve quality of life, once heart failure develops, it is still distressing for the owners and the dogs. Murmurs have been shown to be strongly inherited and breeding from dogs that develop a murmur later in life will increase the age at which subsequent litters develop murmurs. Hence all breeding dogs should be examined annually until at least 5 years old. The current guidelines advise breeders to use dogs who are clear of a murmur at 5 years. Younger dogs can be used if BOTH parents were clear at 5 years. A list of dogs that are clear of murmurs at 5 years is regularly published.

The murmur of mitral regurgitation is systolic, loudest caudally on the left side. Grade 1 murmurs are detected after listening for several minutes in a quiet room. Grade 2 murmurs are heard immediately but are quieter than the heart sounds (S1 and S2) with grade 3 murmurs as loud as and grade 4 murmurs louder than the heart sounds.

We would be grateful if you could complete the form for the dog presented indicating whether or not, in your opinion, a murmur consistent with mitral regurgitation was audible and if possible the grade. The scheme is supported by the Kennel Club and the Veterinary Cardiovascular Society.

Thank you for your assistance.

Simon Swift, MA, VetMB, CertSAC, DipECVIM-CA (Cardiology), MRCVS  
RCVS and European recognised specialist in veterinary cardiology  
Northwest Surgeons

#### VETERINARY OPINION

In accordance with the Cavalier King Charles Spaniel Club's scheme I have examined this dog for the presence of MVD. I certify that at the time of my examination:

(Please tick as appropriate)

<input checked="" type="checkbox"/>	I was UNABLE TO DETECT any evidence of Mitral Regurgitation
<input type="checkbox"/>	I DETECTED A MURMUR consistent with Mitral Regurgitation, the grade being ..... on a scale of 6.
<input type="checkbox"/>	OTHER MURMUR

(Vet's Signature)	(Name)
(Address)	Holder of CVC or DVC
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date	

**ANNUAL TESTING IS ESSENTIAL FOR BREEDER USE AND RESEARCH PURPOSES.**

Please send the top copy of this certificate to  
MRS L.F. JUPP, WAGTAILS, BEESON, KINGSBRIDGE, DEVON TQ7 2HW.  
This duplicate should be retained by the owner of the dog.

# BRITISH VETERINARY ASSOCIATION/KENNEL CLUB CM/SM SCHEME

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

THE ORIGINAL OF THIS  
CERTIFICATE IS LILAC

## Section A – TO BE COMPLETED BY OWNER/AGENT

KC Registered Number

KC Registered Name

Breed C.K.C.S. Sex ..... Colour BLACK & WHITE Date of birth .....

Name of owner ..... Address .....

Sire:

Dam:

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 MRI scanning
- (b) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (c) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (d) I give permission for the results to be published by the Kennel Club

Owner's/Agent's signature ..... Date .....

## Section B – TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

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

Microchip/Tattoo no.

Microchip/Tattoo confirmed ☒

I certify that the scan relating to the dog identified above was taken on the following date .....  
and in conformity with the provisions of the CM/SM Scheme Procedure Notes.

Veterinary surgeon submitting scans (BLOCK CAPITALS) .....

Address .....

Post code .....

Veterinary Surgeon's Signature ..... F/MRCVS Date .....

Please submit the correct fee for the scans to be processed (cheques payable to BVA) For current fees contact BVA

## Section C – TO BE COMPLETED BY SCRUTINEERS

### CERTIFICATE OF GRADING

Scanned at 3 years 0 months old

#### CHIARI – LIKE MALFORMATION (CM)

GRADE  
(range 0-2)

2

NB The grades represent the opinion of the BVA appointed Scrutineers. The number relates to severity, the letter to age at the time of scanning (a = >5yrs, b = 3-5yrs, c = 1-3yrs). The lower the grades the less evidence of disease present. Please consult the current Procedure Notes for further information. (available from BVA)

#### SYRINGOMYELIA (SM)

GRADE  
(range 0a-c – 2a-c)

0b

Syrinx Transverse width – mm  
(if applicable)

n/a

WE HEREBY CERTIFY that the grades for CM and SM on the scans submitted for the dog identified above were produced using the grading criteria of the BVA/Kennel Club CM/SM Scheme Date .....

Signed ..... F/MRCVS Signed ..... F/MRCVS 01/12

Pet name \_\_\_\_\_

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

KC/ISDS registered name \_\_\_\_\_ Panellist's ref no \_\_\_\_\_

Registered no \_\_\_\_\_

Breed \_\_\_\_\_ Colour \_\_\_\_\_ Sex M ☐ F ☒ Date of birth \_\_\_\_\_

Owner's name \_\_\_\_\_ Owner's veterinary surgeon \_\_\_\_\_

Owner's address \_\_\_\_\_

Owner's telephone number \_\_\_\_\_

Previous examination: No ☐ Yes ☒ Date of last exam \_\_\_\_\_ Microchip/tattoo no \_\_\_\_\_

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 \_\_\_\_\_ Signed \_\_\_\_\_ Owner/Agent \_\_\_\_\_

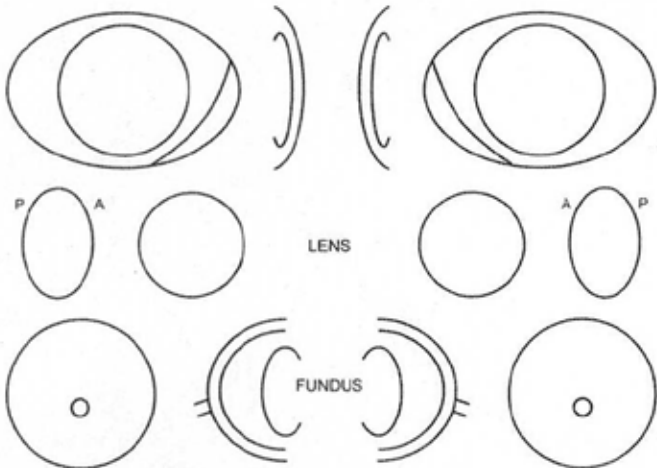
EXAMINATION OF THE EYE AND ADNEXA

Mydriatic: ☒ Ophthalmoscopy: Direct ☒ Indirect ☐ Biomicroscopy: ☐ Gonioscopy: ☒ Other \_\_\_\_\_

Parts examined: Adnexa \_\_\_\_\_ Cornea \_\_\_\_\_ Drainage Angle \_\_\_\_\_ Iris \_\_\_\_\_ Lens \_\_\_\_\_ Vitreous \_\_\_\_\_ Fundus \_\_\_\_\_

Clinically Unaffected \_\_\_\_\_

Clinically Affected \_\_\_\_\_



Descriptive comments: \_\_\_\_\_

N J BURDEN BVSc CertVOphthal MRCVS  
HALE VETERINARY GROUP LTD  
19 LANGLEY ROAD CHIPPENHAM  
SN15 1BS Tel: 01249 653561

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

<input type="checkbox"/> 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) _____		

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

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 checked="" 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 checked="" 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 vitreus	<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"/>			

'Clinically affected' signifies that there is evidence of the inherited disease(s) specified, whereas 'Clinically unaffected' signifies that there is no such evidence

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 N. J. BURDEN Date 17

Distribution: White – owner Blue – BVA Yellow – retained by panellist Pink – owner's veterinary surgeon BVA 3/14



*Certificate Number:*

**Animal Health Trust**

Newmarket  
Suffolk, UK

**DNA TEST FOR EPISODIC FALLING**

*Registered Name:*

*Registration Number:*

*Microchip/Tattoo Number:*

*Breed:* **CAVALIER KING CHARLES SPANIEL**

This dog is CLEAR of episodic falling.

*Authentication code:*

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*Explanation of terms:*

CLEAR: these dogs have two normal copies of DNA. Clear dogs will not develop EF as a result of the identified mutation. We cannot exclude the possibility that some dogs may show some clinical signs similar to those of EF but due to a different genetic or clinical cause.

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*Result authorised by:* Dr. N. G. Holmes (Genetic Services Manager)

*Sample received:*

*Sample tested:* Swab

*Test completed:*

*Client:*

*Address:*

Result only applies to sample supplied

Genetic Services, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK  
Tel: 01638 555621 Fax: 01638 555666 E-mail: dnatesting@ahtrg.org.uk

*Any deletions or additions made will invalidate this certificate.*



*Certificate Number:*

**Animal Health Trust**

**Newmarket  
Suffolk, UK**

**DNA TEST FOR CURLY COAT DRY EYE SYNDROME**

*Registered Name:*

*Registration Number:*

*Microchip/Tattoo Number:*

*Breed:* **CAVALIER KING CHARLES SPANIEL**

This dog is CLEAR of curly coat dry eye syndrome.

*Authentication code:*

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*Explanation of terms:*

CLEAR: these dogs have two normal copies of DNA. Clear dogs will not be affected by Dry Eye Curly Coat Syndrome as a result of the associated mutation identified. We cannot exclude the possibility that some dogs may develop non-congenital forms of ichthyosis or dry eye which have a different genetic basis from Curly Coat Dry Eye syndrome

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*Result authorised by:* Dr. N. G. Holmes (Genetic Services Manager)

*Sample received:*

*Sample tested:* Swab

*Test completed:*

*Client:*

*Address:*

Result only applies to sample supplied

Genetic Services, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK

Tel: 01638 555621 Fax: 01638 555666 E-mail: [dnatesting@aht.org.uk](mailto:dnatesting@aht.org.uk)

*Any deletions or additions made will invalidate this certificate*