

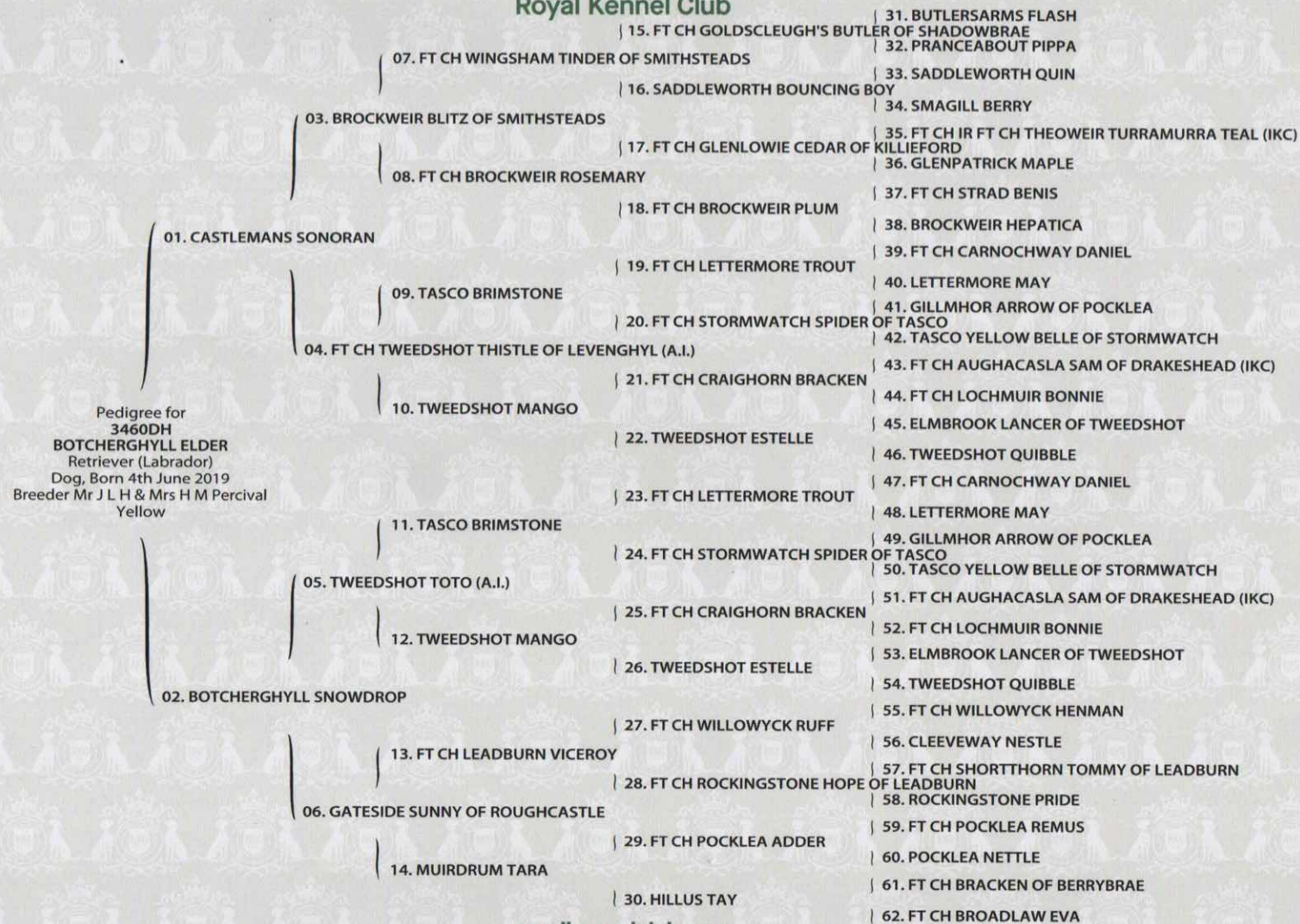
FIVE GENERATION PEDIGREE

The Kennel Club certifies that this pedigree has been compiled from official records. This is not an export document.

Issue Date: 30th June 2026



Royal Kennel Club



Mrs P M Williams
Home Farmhouse
Buttercrambe
Stamford Bridge
York
YO41 1XU

royalkennelclub.com

The Royal Kennel Club Limited
10 Clarges Street, London W1J 8AB

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BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

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

Section A**KC Registered Number** AW02284802**KC Registered Name** BOTCHERGHYLL ELDER**Breed** Retriever (Labrador)**Sex** Male**Date of birth** 04/06/2019**Name of owner** PHILLIPA WILLIAMS**Address** HOME FARMHOUSE, YO41 1XU**Sire:**
CASTLEMANS SONORAN**Dam:**
BOTCHERGHYLL SNOWDROP

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 PHILLIPA WILLIAMS**Date** 30/07/2020**Section B****Microchip/Tattoo no.** 985111001554363**Microchip/Tattoo confirmed** ☒

I certify that the radiograph relating to the dog identified above was taken on the following date **30/07/2020**
and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph Michelle Lingard**Address** Carr Lane FY6 9DW**Veterinary surgeon's Signature** Michelle Lingard**F/MRCVS** **Date** 31/07/2020

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 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 view of each elbow and represent the opinion of the BVA appointed scrutineers for the radiographs submitted. The lower 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 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 21/10/2020**Signed** Jerry Davies**F/MRCVS****Signed** Ruth Dennis**F/MRCVS**

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

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

Section A**KC Registered Number** AW02284802**KC Registered Name** BOTCHERGHYLL ELDER**Breed** Retriever (Labrador)**Sex** Male**Date of birth** 04/06/2019**Name of owner** PHILLIPA WILLIAMS**Address** HOME FARMHOUSE, YO41 1XU**Sire:**
CASTLEMANS SONORAN**Dam:**
BOTCHERGHYLL SNOWDROP

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 PHILLIPA WILLIAMS**Date** 30/07/2020**Section B****Microchip/Tattoo no.** 985111001554363**Microchip/Tattoo confirmed** ☒I certify that the radiograph relating to the dog identified above was taken on the following date
and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

30/07/2020

Veterinary surgeon submitting radiograph Michelle Lingard**Address** Carr Lane FY6 9DW**Veterinary surgeon's Signature** Michelle Lingard**F/MRCVS** **Date** 31/07/2020**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	0	0
Cranial acetabular edge	0-6	0	0
Dorsal acetabular edge	0-6	0	0
Cranial effective acetabular rim	0-6	0	0
Acetabular fossa	0-6	0	0
Caudal acetabular edge	0-5	0	0
Femoral head/neck exostosis	0-6	0	0
Femoral head recontouring	0-6	0	0
Totals (max possible 53 per column)		0	0

NB The scores represent the opinion of the BVA appointed scrutineers for 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 21/10/2020**Signed** Jerry Davies**F/MRCVS****Signed** Ruth Dennis**F/MRCVS**

CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

Pet name TIM KC no. AW02284802 Microchip no. 958111001554363
 KC registered name BOTCHERBHYLL ELDER Date of previous examination 04/02/24
 Breed LAB Colour YELLOW Sex M ☒ F ☐ Date of birth 04/06/19
 Owner's name and address P.M. WILLIAMS, HOME FARMHOUSE, BUTTERCRAMBE, YO41 1XU
 Owner's telephone number 07831817309 Owner's email address PIPPLE@GOGLEMAIL.COM
 Vet's name and address C. BRASH, STATION H'S, WELL BURN, YO60 7EP
 Vet's telephone number 01653 618303 Vet's email address ADMIN@STATIONHOUSEVETS.COM

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Canine Health Scheme is the one described above and that the information obtained may be made available for research purposes and may be published. Any appeal against the results specified below must be made to the BVA (for details see EPWP1).

I understand and agree that the use of a mydriatic agent Tropicamide / _____ is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where gonioscopy is required.

I understand that the personal information provided in this form will be used to administer the eye examination service and will be retained for 7 years for accounting purposes on an electronic system. My personal information may be used from time to time to provide me with relevant information relating to CHS services or for other lawful reasons.

Signature of Owner/Agent P.M. Williams Date 02/08/25

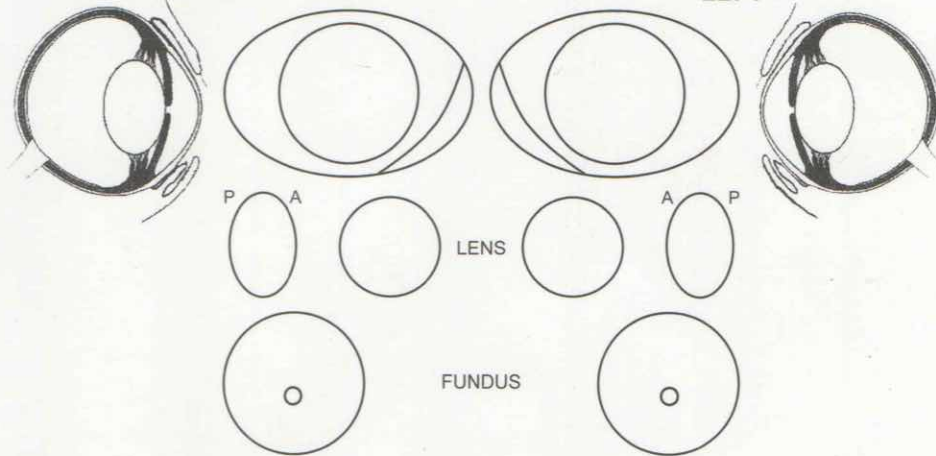
EXAMINATION OF THE EYE AND ADNEXA

Mydriatic ☒ Ophthalmoscopy Direct ☒ Indirect ☒ Biomicroscopy ☒ Gonioscopy ☒ Tonometry ☒ Other _____
 Parts Examined: Adnexa ☒ Cornea ☒ Drainage Angle ☒ Iris ☒ Lens ☒ Vitreous ☒ Fundus ☒

RIGHT

LEFT

Comments



No Focal Anterior Corneal
CATARACT
NOT SIGNIFICANT

DNA sample taken on this date: Yes ☐ No ☒
 I confirm that the scanned microchip number matches the number on the certificate ☒
 Information for owners/Appeals leaflet (EPWP1) issued ☐

INHERITED EYE DISEASE STATUS

This section applies to the known inherited ocular conditions specified in the Procedure Notes. These results will be sent to the KC and/or ISDS as appropriate.

CONGENITAL/NEONATAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Collie eye anomaly		☐	☐	(HC) Hereditary cataract		☒	☐
- Choroidal hypoplasia		☐	☐	(PLL) Primary lens luxation		☒	☐
- Coloboma		☐	☐	(POAG) Primary open angle glaucoma		☒	☐
(MRD) Multifocal retinal dysplasia		☒	☐	(IOP) Intraocular pressure R mmHg L mmHg		☒	☐
(TRD) Total retinal dysplasia		☒	☐	(PRA) Progressive retinal atrophy		☒	☐
(CHC) Congenital hereditary cataract		☐	☐	(RPED) Retinal pigment epithelial dystrophy		☒	☐
(PHPV) Persistent hyperplastic primary vitreous		☐	☐				
(PLA) Pectinate ligament abnormality		☐	☐				

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

Grade	0	1	2	3	Result
R					
L					

Gonioscopy Grading Result:

0 = normal, 1 = mildly affected, 2 = moderately affected, 3 = severely affected.

Clinically affected with ocular conditions not currently specified in the Procedure Notes.

Distichiasis	☐	Persistent pupillary membrane	☐	Posterior Cortical Cataract	☐	GPRA-like appearance	☐
Ectopic cilia	☐	Ocular Melanosis	☐	Posterior Polar Subcapsular Cataract	☐	RPED-like appearance	☐
Trichiasis	☐	Pectinate ligament abnormality	☐	Posterior Capsular Cataract	☐	Other conditions (specify)	
Entropion	☐	Lens luxation	☐	PHPV	☐		
Ectropion	☐	Anterior Capsular Cataract	☐	Optic nerve hypoplasia	☐		
Combined entropion/ectropion	☐	Anterior Cortical Cataract	☐	Posterior segment coloboma	☐		
Multi-ocular defects	☐	Perinuclear Cataract	☐	Choroidal hypoplasia	☐		
Corneal lipid deposition	☐	Nuclear Cataract	☐	MRD-like appearance	☐		

I have today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown

Signature of Panellist Paul McPherson Name PAUL MCPHERSON Date 2.8.25

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 3 years