Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:11051

Date of Examination: 17/04/2015

Copy

Owner: Alison Marett
Address: 568 Te Ngae Road
Rotorua Rotorua
Breed: Staff Bull Terrier
Age / DOB: 15/11/13

Patient: Gpsy
K.C.Name: Takado Superminx
K.C.No: 00063-2013
Chip: 982 000190647948 ✓
Sex: female **Colour:** Brindle

I/we hereby declare that the dog submitted for examination is the dog described. A Marett

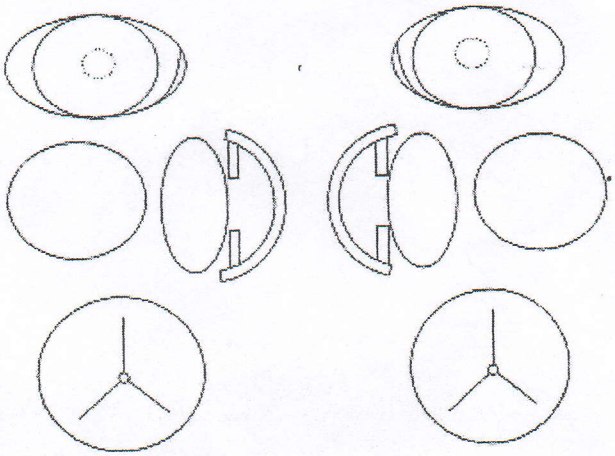
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: ✓

Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X,
Other: _____

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	✓	✓	✓	✓	✓
Undetermined					
Affected					

Comments:

R **L**



Annual Re-examination Recommended

Signed: _____
P. N. Collinson
BVSc, MVS, FACVSc

18 Barrack Road, Mt Wellington, Auckland 1060, New Zealand
Ph (09) 5277697, Fax (09) 5277690, Email: eyevet@xtra.co.nz