

Set

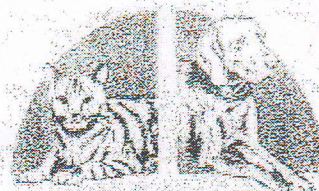
Dr Steve Heap  
BVSc. CertVOphthal

Dr Michele McMaster  
BVSc.MRCVS

Dr Jane Shierlaw  
BVSc

Dr Catherine Morganti  
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Dr Stephanie Bayly  
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900108001770873

## OPHTHALMIC EXAMINATION CERTIFICATE

Owner Mr Simon Monson Animal Name Jacquerie Late Knight Edition for Caworthright  
Address 57 Cowan Road, Pinchill, Dunedin 9010  
N.Z.K.C. Reg No 00118-2016 Colour Black  
Breed Labrador Retriever D.O.B 21-10-15 Sex Batch

"I/We hereby declare that the dog submitted for examination is the dog described"

Signed: Owner/Agent [Signature] Date 2-03-17

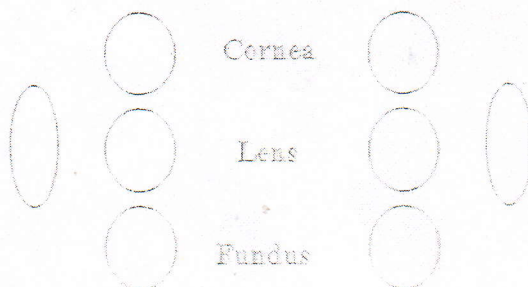
PREVIOUS EXAMINATION: Affected... Not Affected... Unknown... Not Examined... ☒

EXAMINATION TECHNIQUE: Direct Ophthalmoscopy... Indirect Ophthalmoscopy... ☒  
Biomicroscopy... Tonometry... Other...

MYDRIATIC: Yes... ☒ No...

| REGIONS:            | <u>Eyelids</u>                      | <u>Cornea</u>                       | <u>Iris</u>                         | <u>Lens</u>                         | <u>Fundus</u>                       | <u>Other</u>                        |
|---------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <u>Not Affected</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <u>Undetermined</u> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <u>Affected</u>     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

COMMENTS:



Comments:

INHERITED DISEASE: Evident... ☒ Not Evident... ☒ SUSPICIOUS... ☐  
ANNUAL RE-CERTIFICATION:

SIGNED [Signature]  
STEVE HEAP BVSc CertVOphthal

14/6/18

Eye Test  
All Clear

CSRP  
Steve Rep  
SUS.  
CAUTION