Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:13014 Date of Examination: 12/01/2017

Owner: Denise Roberts
Address: 211 Ryans Road
R.D.5 Wellsford
Breed: Labrador Rtrvr
Age / DOB: 21/10/2015

Patient: Jocie
K.C.Name: Ashdale Not T Knight Josefine
K.C.No: 00184-2016
Chip: 900 1088001770872
Sex: female **Colour:** Black

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

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

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

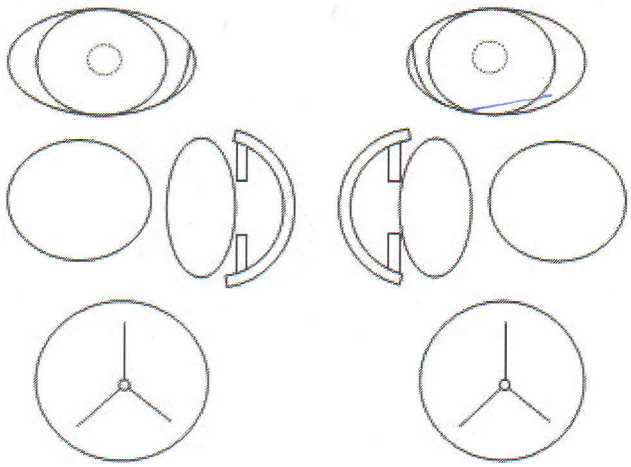
Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	✓	✓	✓	✓	✓
Undetermined					
Affected					

Comments:

① Minor ② irritation

Not Significant

27/11/17 Bilateral subepithelial axial lipid dystrophy
– Breeder Option Fault



Annual Re-examination Recommended

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

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