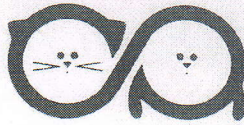


# EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist  
84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

[craigeyevet@clear.net.nz](mailto:craigeyevet@clear.net.nz)



## OPHTHALMIC EXAM. CERTIFICATE.

Owner A. Calman Animal Name Suedanka Maybel Dale  
Address ..... N. Z. K. C. Reg No. 00572-2015  
Microchip .....  
ANIMAL: Species Dog Breed Cocker Spaniel D.O.B. 21/10/14  
Coat Color/Type Blue Sex B

"I hereby declare that the animal submitted for examination is the animal described above.  
Furthermore I am the owner or agent for this animal."

Signed: Owner/Agent [Signature] Date 30/10/17

PREVIOUS EXAMINATION: NOT PREV EXAMINED ..... NOT AFFECTED .....  
UNDETERMINED ..... AFFECTED .....  
EXAMINATION TECHNIQUE: DIRECT OPHTHALMOSCOPY ..... INDIRECT OPHTHALMOSCOPY .....  
BIOMICROSCOPY ..... OTHER .....  
MYDRIATIC: YES ..... NO .....  
REGION (S) EXAMINED: LIDS CORNEA IRIS LENS FUNDUS OTHER  
NOT AFFECTED .....  
UNDETERMINED/SUSPICIOUS .....  
AFFECTED .....  
COMMENTS:

INHERITED DISEASE: YES ..... NO ..... SUSPICIOUS .....

DATE OF EXAMINATION 30-10-17

SHOULD BE RE-EXAMINED ..... MONTHS YEARLY .....

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.