

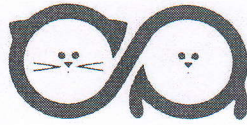
EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist
84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

craigeyevet@clear.net.nz

Corban



OPHTHALMIC EXAM. CERTIFICATE.

Owner *Amanda Calman* Animal Name *Corban* - *Suedenka Can u feel the heat*
Address *74A Wakefield St. Wanganui* N. Z. K. C. Reg No. *00573-2015*
Microchip.....
ANIMAL: Species *Canine* Breed *Cocker Spaniel* D.O.B *21/10/14*
Coat Color/Type *Blue Heeler* Sex *male*

"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 *12/12/16*

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UNDETERMINED/SUSPICIOUS
AFFECTED

COMMENTS:

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

DATE OF EXAMINATION *12-12-16*

SHOULD BE RE-EXAMINED MONTHS YEARLY

SIGNED *[Signature]*

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.