

# EYEVET SERVICES

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## OPHTHALMIC EXAM. CERTIFICATE.

Owner Bryce & Janine Rider Animal Name Battleaxe Eye of the Storm  
Address 1 St Johns Heights N. Z. K. C. Reg No. 08993-2012 P. B. Shift  
Wanganui Microchip 00993-2012  
ANIMAL: Species Dog Breed Staffordshire D.O.B. Bill Terry's  
Coat Color/Type ..... Sex D

"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 ..... Date .....

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 24.5.15

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

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.