

Auckland Animal Eye Centre

Ophthalmic Examination Certificate



Patient No: 11672

Date of Examination: 18/11/2015

Owner: Denise Roberts

Address: 211 Ryans Road

R.D.5 Wellsford

Breed: Beagle

Age / DOB: 4/01/2015

Patient: Peppa

K.C.Name: Burnsdale Peppa Pat At Ashdale

K.C.No: 01457-2015

Chip: 900 108001770883 C

Sex: female

Colour: Tan & White

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

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

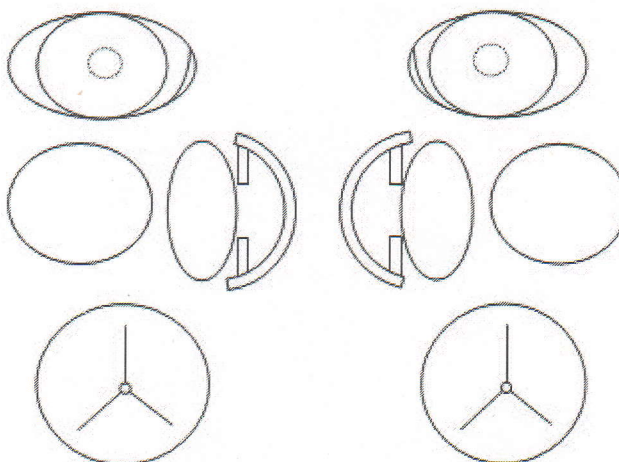
Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X, Other: _____

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Comments:

R

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Annual Re-examination Recommended

Signed: 
P. N. Collinson
BVSc, MVS, FRCVSc

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