EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist
84 Pitt Street
Palmerston North Ph 06-3575887 Fax 06-3575863
craigeyevet@clear.net.nz

(myer)

OPHTHALMIC EXAM. CERTIFICATE.

Owner Ms C. A. LEWIS Animal Name NZCH MONTREUX BLACK MAGIC WOMAN (MYER)

Address 11 WEKA PASS RD, WAIKARI 7420 NORTH CANTERBURY. N. Z. K. C. Reg No. 02663-2010

Microchip 985121005397546

ANIMAL: Species DOG. Breed BERNESE MOUNTAIN DOG. D.O.B 11/2/2010

Coat Color/Type TRI COLOUR Sex BITCH

" 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 C A Lewis Date 2/7/11

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 2.7.11.

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

SIGNED .....

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.

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Address.....N.Z.K.C. Reg. No.....

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ANIMAL: Species.....Breed.....D.O.B.....

Coat Color/Type.....Sex.....

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Signed: Owner/Agent.....Date.....

DATE OF RE-EXAM	COMMENTS	EXAMINER
6.7.12	normal	
8.11.13	normal	
21.8.14	normal	
28.8.15	normal	