EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist
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OPHTHALMIC EXAM. CERTIFICATE.

Owner K Wylie Animal Name Vampire Strikes Back w' Affin de

Address 516 Gloucester St N. Z. K. C. Reg No. 02688-2014

Microchip 900032001911069

ANIMAL: Species Canine Breed Affenpinscher D.O.B 29.01.14

Coat Color/Type Black Sex F

" 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 21.8.14

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

SIGNED .....

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.