

# Auckland Animal Eye Centre

## Ophthalmic Examination Certificate



Patient No: 11442

Date of Examination: 21/08/2015

**Owner:** Alison Marett

**Address:** 568 Te Ngae Road  
Rotorua Rotorua

**Breed:** Staff Bull Terrier

**Age / DOB:** 20/02/2012

**Patient:** Halo

**K.C.Name:** Renegade Halo's Aura

**K.C.No:** 2724-2012

**Chip:** 941 000013614304

**Sex:** female

**Colour:** Black

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

**Previous Examination:** Affected: ☐ Not Affected: ☐ Unknown: ☐ Not Examined: ☒

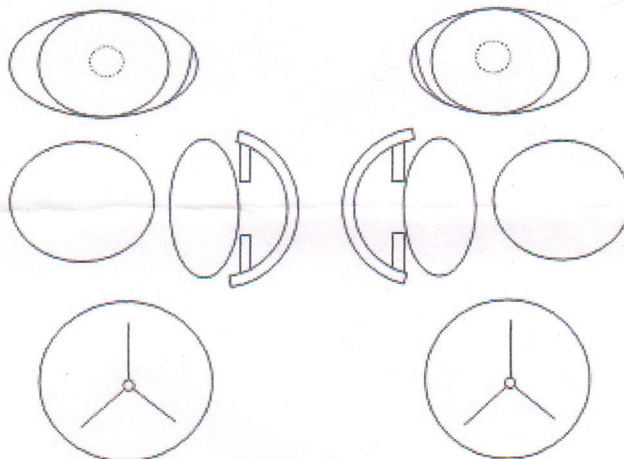
**Examination Techniques:** Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X,  
Other: \_\_\_\_\_

<b>Regions:</b>	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:**

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**Annual Re-examination  
Recommended**

**Signed:**   
**P. N. Collinson**  
BVSc, MVS, FACVSc

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