EYEVET SERVICES

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		ثار	1			
	OPHTHALI	VIC EXAM.	CERTIFIC	CATE		
owner Dr. Kwstws					errain 1	1 AL ARHUA
Address PO Box 210						
						02303900
ANIMAL: Species COVING	Proof I	402-4				
Coat Color/Type	Black	Sex[Y	iale	D.C),B	
" I hereby declare that the anin Furthermore I am the owner of	nal submitted for	r examination	is the anim:	al describe	ed above.	
Signed: Own	. WUL		Da	te 7-11	-120a.	
PREVIOUS EXAMINATION:	NOT PREV EXAMINED UNDETERMINED			NOT AF	FECTED	
EXAMINATION TECHNIQUE:	DIRECT OPHTHALMOSCOPY INDIRECT OPHTHALMOSCOPY					
	BIOMICROSCOPY OTHER					
MYDRIATIC:	YES	NO				
REGION (S) EXAMINED:	LIDS	CORNEA	IRIS	LENS	FUNDUS	OTHER
NOT AFFECTED	ant land		/			
UNDETERMINED/SUSPICIOU	8		*********	********		
AFFECTED	******	*************	********			
COMMENTS:						***************************************
INHERITED DISEASE:						
MULTUTO DISEASE	YES	NO SUS	PICIOUS			\mathcal{I}_{α}
SHOULD BE BE EVANSION.		DAT	E OF EXAM	MINATION		and the
SHOULD BE RE-EXAMINED	MONTH	IS YEARLY		7		
		SIGI				7
EXAMINER PROHIBITS USE O	F HIS NAME F	OR ADVĘRTI:	SING PURF	OSES.		