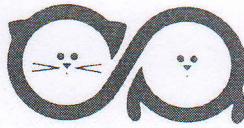


EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist
84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

craigeyevet@clear.net.nz



OPHTHALMIC EXAM. CERTIFICATE.

Owner Aminda Calman Animal Name Angel - Suedenka Angel in Disguise
Address 749 Wakefield St, Wanganui N. Z. K. C. Reg No. 03221-2014

Microchip.....

ANIMAL: Species Canine Breed Cocker Spaniel D.O.B. 20/2/14
Coat Color/Type Blue Roan 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 [Signature] Date 12-12-16

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UNDETERMINED/SUSPICIOUS	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

COMMENTS:

INHERITED DISEASE: YES..... NO ☒ SUSPICIOUS.....

DATE OF EXAMINATION 12-12-16

SHOULD BE RE-EXAMINED MONTHS YEARLY

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.