EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist 84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

Latte



OPHTHALMIC EXAM. CERTIFICATE.

Owner GAJE F	FELL Ar	nimal Name. B	RNL	EY F	PIDE O	A NAHAN A
Address	N. Z. K. C. Reg No. 03249 - 2012					
	Microchip					
ANIMAL: Species DOG Breed LAB RETRIEVER D.O.B 27/3/2012						
Coat Color/Type YELLOW 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 20: 01:17						
PREVIOUS EXAMINATION:	NOT PREV EXAMINED			NOT AFFECTED		
EXAMINATION TECHNIQUE:	DIRECT OPHTHALMOSCOPY INDIRECT OPHTHALMOSCOPY					
				HER		
MYDRIATIC:	YES	NO				
REGION (S) EXAMINED:	LIDS	CORNEA	IRIS	LENS	FUNDUS	OTHER
NOT AFFECTED	/		<i></i>			
UNDETERMINED/SUSPICIOUS						
AFFECTED						
COMMENTS:						
		-/				
INHERITED DISEASE:	YES	NO SUSPIC	IOUS		2	, , , 7
DATE OF EXAMINATION						
SHOULD BE RE-EXAMINED MONTHS YEARLY						
SIGNED						
EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING DURDOSES						