

**EYE SERVICES**  
 Craig Irving - Specialist Veterinary Ophthalmologist  
 84 Pitt Street  
 Palmerston North Ph 06-3575887 Fax 06-3575863  
 craigevet@clear.net.nz

JAZ



**OPHTHALMIC EXAM. CERTIFICATE.**

Owner C. LEWIS Animal Name MONTREUX MISS MUFFET  
 Address 11 WEKA PASS RD, N. Z. K. C. Reg No. 03532-2011  
WAIKARI 7420. Microchip 941000013030738  
 ANIMAL: Species DOG Breed BMD D.O.B 3/3/11  
 Coat Color/Type TRI 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 C. Lewis Date 6/7/2012

PREVIOUS EXAMINATION: NOT PREV EXAMINED  UNDETERMINED  NOT AFFECTED  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 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 6.7.12

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

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.

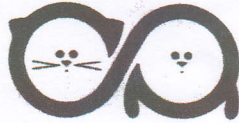
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## OPHTHALMIC EXAMINATION CERTIFICATE

Owner..... Animal Name.....

Address..... N.Z.K.C. Reg. No.....

ANIMAL: Species..... Breed..... D.O.B.....

Coat Color/Type..... Sex.....

" 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.....

DATE OF RE-EXAM

COMMENTS

EXAMINER

8.11.13

normal

21.8.14

normal

eye foul scar  
/ ph. therapy

28.8.15

normal