Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:_____

Date of Examination: 15/08/2014

Owner: Alison Battrick
Address: 150 Braddick Road
R.D.5 Wellsford
Breed: Labrador
Age / DOB: 18/04/14

Patient: Arthur
K.C.Name: Janserie Back to Black
K.C.No: 03561-2014
Chip: 900 008800620374 e
Sex: M **Colour:** Blk

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

Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: ✓

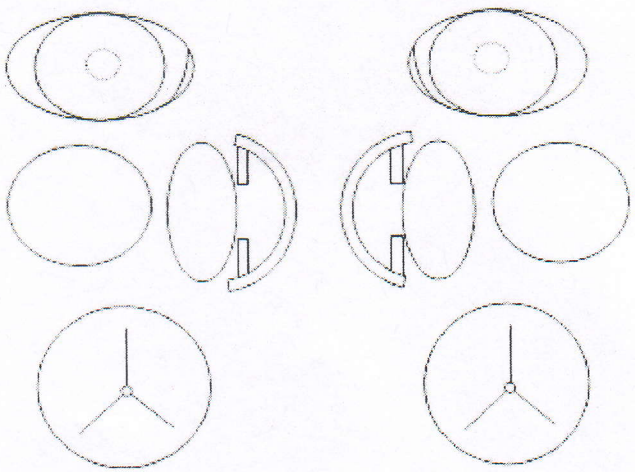
Examination Techniques: Indirect Ophthamolscopy: X, Biomicroscopy: X, Mydriatic: X
Other: _____

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	✓	✓	✓	✓	✓
Undetermined					
Affected					

DLUO: 21/01/2016
900008800620374

Comments

R L



Annual Re-examination Recommended

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

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900 008800620374

Ophthalmic Re-Examination Certificate

Owner: Bathick **Name:** [illegible]

Date: 03/08/15 = multiple retinal scars in (R) tapetal fundus - (L) OK
Not genetic
[signature]

14/02/17 chin OK
As previous - multiple (R) tapetal retinal scar
otherwise normal, (L) normal
Not Genetic
[signature]

03/08/15 chin good
NAD

14/02/17 chin good
NAD