EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist 84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863 craigeyevet@clear.net.nz

Eddie



| owner Patricia He | | IC EXAM. C | | | Star | al Day |
|--|------------------------------------|-------------------------|-----------|------------|------------|-----------|
| Owner \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | allmond'a | nimal Name\ | SUACI | MYTH! | | - 04 DITU |
| Address 110 Otal | C Ka | N. 2 | | | | |
| | | | | | | 2768716 |
| ANIMAL: Species 005 | | | | D.O | в 31/3 | 16 |
| Coat Color/Type | ellow | Sex\(\iam\)\(\lambda\) | .ale | | | |
| " I hereby declare that the anim Furthermore I am the owner o | al submitted for ragent for this a | examination is inimal." | the anima | I describe | ed above. | |
| Signed: Owne | er/Agent | | / | Dat | e | |
| PREVIOUS EXAMINATION: | NOT PREV EX UNDETERMIN | | | NOT AFI | | |
| EXAMINATION TECHNIQUE: | DIRECT OPHI | THALMOSCOF | Y INDI | RECT OF | PHTHALMOS | COPY |
| | BIOMICROSC | OPY | ОТН | IER | | |
| MYDRIATIC: | YES | NO | | | | |
| REGION (S) EXAMINED: | LIDS | CORNEA | JKIS | LENS | FUNDUS | OTHER |
| NOT AFFECTED | | | <i>/</i> | / | | |
| UNDETERMINED/SUSPICIOUS | | | | | | |
| AFFECTED | | | | | ********** | |
| COMMENTS: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| INHERITED DISEASE: | YES | | PICIOUS | | 5 | 8-1, |
| | | | OF EXAM | MOITAMIN | V | ····· |
| SHOULD BE RE-EXAMINED | MONTH | S YEARLY | 1 | 1 | / / | |
| | | SIGN | ED | 9 | | |
| EXAMINER PROHIBITS USE C | F HIS NAME FO | OR ADVERTIS | ING PURP | OSES. | | |

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| OPHTHALMIC EXAMINATION CERTIFICATE |
|---|
| owner Patricia Hallmondanimal Name Blackhills Star of Dav |
| Address 10 Otake (201 N.Z.K.C. Reg. No. |
| ANIMAL: Species Dag Breed habrado/ D.O.B. 31/3/2016 |
| Coat Color/Type. Yelda Sex. MAC |
| "I hereby declare that the animal submitted for examination is the animal described above. Furthermore am the owner or agent for this animal." Date |
| Signed: Owner/Agent |
| DATE OF RE-EXAM COMMENTS EXAMINER |
| 1, - 4- 17 |