Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No: ~~13439(L)~~ 14542

Date of Examination: 19/05/2017

Owner: Dayle Olding
Address: 271b Waghorn Road
R.D.1 Waharoa Waikato
Breed: Min Schnauzer
Age / DOB: 2/03/2017

Patient: Ziva
K.C.Name: Last Contessa of Schnauzinn
K.C.No: 03709-2017
Chip: 990 000000010349 C
Sex: F **Colour:** Blk + Silver

I/we hereby declare that the dog submitted for examination is the dog described. D.M. Olding

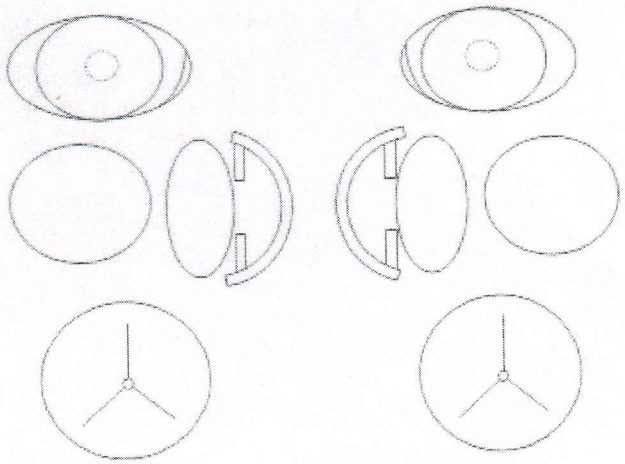
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: ✓

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

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

Comments:

R L



Annual Re-examination Recommended

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

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Ophthalmic Re-Examination Certificate

Owner: Oxding Name: Zwa

Date: 08/05/2015 Normal