Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No: _____

Date of Examination: 15/07/2016

Owner: Dayle Olding
Address: 14 Lincoln Street
Morrinsville Morrinsville
Breed: Min Schnauzer
Age / DOB: 02/03/16

Patient: Rex
K.C.Name: Schnauzinn's Stow Chaser
K.C.No: 03754-2016
Chip: 990 000000594435
Sex: F **Colour:** S+P

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: _x__

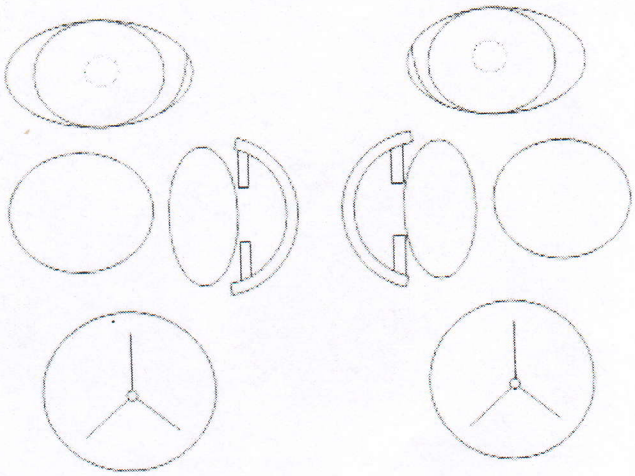
Examination Techniques: Indirect Ophthamolscopy: X, Biomicroscopy: X, Mydriatic: X
Other: _____

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

Comments

21/04/2017
Norman Collinson

R L



Annual Re-examination Recommended

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

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