

Auckland Animal Eye Centre

Ophthalmic Examination Certificate



Patient No: 13475

Date of Examination: 30/05/2017

Owner: Alison Battrick
Address: 150 Braddick Road
R.D.5 Wellsford
Breed: Labrador Rtrvr
Age / DOB: 18/03/2017

Patient: Paddy
K.C. Name: JANCERIE SHAMROCK
K.C. No: 03901-2017
Chip: 990 000000162181
Sex: male **Colour:** Yellow

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

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

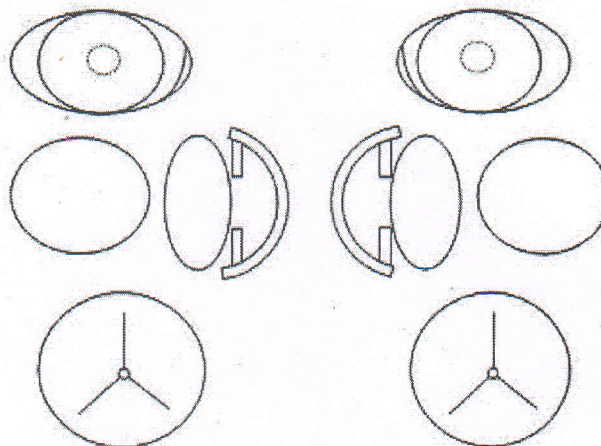
Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X, Other: ___

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	☒	☒	☒	☒	☒
Undetermined	___	___	___	___	___
Affected	___	___	___	___	___

Comments:

R

L



Annual Re-examination Recommended

Signed:
P. N. Collinson
BVSc, MVS, FRCVSc

18 Barrack Road, Mt Wellington, Auckland 1060, New Zealand
Ph (09) 5277697, Fax (09) 5277690, Email: eyevet@xtra.co.nz

Ophthalmic Re-Examination Certificate

Owner: A BARRICK

Name: PADDY

Date:

30-6-18

none 