

Auckland Animal Eye Centre

Ophthalmic Examination Certificate



Patient No: _____

Date of Examination: 09/08/2016

Owner: Alison Battick

Address: 150 Braddick Road

R.D.5 Wellsford

Breed: Labrador Retriever

Age / DOB: 14/04/16

Patient: ivy

K.C. Name: Janeie Jones Butler

K.C. No: 04134-2016

Chip: 990 00000598952

Sex: F Colour: yellow

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

Previous Examination: Affected: _____ Not Affected: _____ Unknown: _____ Not Examined: x

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

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	☒	☒	☒	☒ ①	☒ ②
Undetermined	☐	☐	☐	☐	☐
Affected	☐	☐	☐	☐	☐

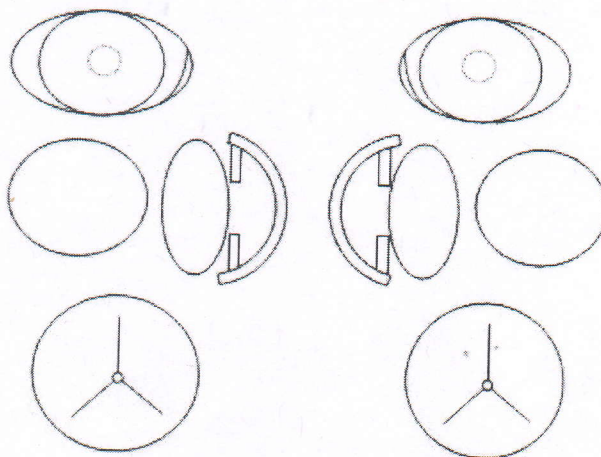
Comments

① 2 local pin-point retinal haemorrhages R
in ⑤ temporal retina

② ③ in his b/wis PAMS
(Peripheral Retinopathy)
mild. Low.

22/03/2018 - no haemorrhage
detected today

③ PAMS still present
OK to breed



[Signature]

Annual Re-examination
Recommended

Signed: [Signature]
P. N. Collinson
BVSc, MVS, FRCVSc

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