Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:12342 (L)

Date of Examination: 17/06/2016

Owner: Dayle Olding
Address: ~~14 Lincoln Street Morrinsville Morrinsville~~ 271B Waghorn Rd R.D.1 Waharoa
Breed: Min Schnauzer
Age / DOB: 25/04/2016

Patient: Abbey
K.C.Name: Schnauzinn's Major Thriller
K.C.No: 04247-2016
Chip: 990 000000594379 R
Sex: F **Colour:** Black & Silver

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

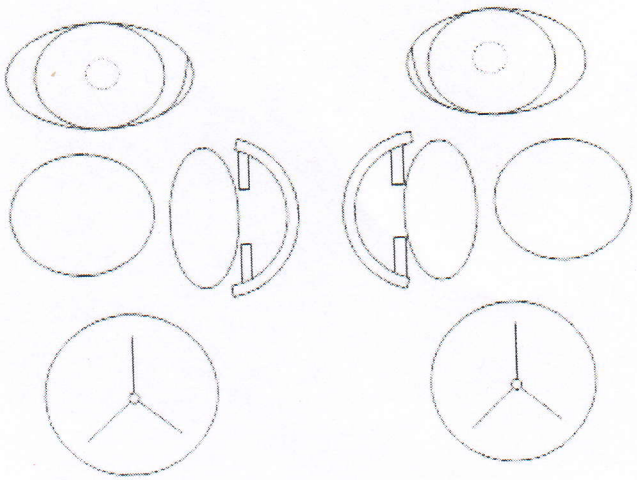
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: _x_

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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Ph (09) 5277697, Fax (09) 5277690, Email: eyevet@xtra.co.nz

Ophthalmic Re-Examination Certificate

Owner: Oldieg **Name:** Addie

Date: 19/05/17 Normal