Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:11052

Date of Examination: 17/04/2015

Owner: Alison Marett
Address: 568 Te Ngae Road
Rotorua Rotorua
Breed: Staff Bull Terrier
Age / DOB: 15/06/2013

Patient: Zaru
K.C.Name: Takoda Shizaru
K.C.No: 04503-2013
Chip: 900 108000976459
Sex: female **Colour:** Brindle/BLK

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

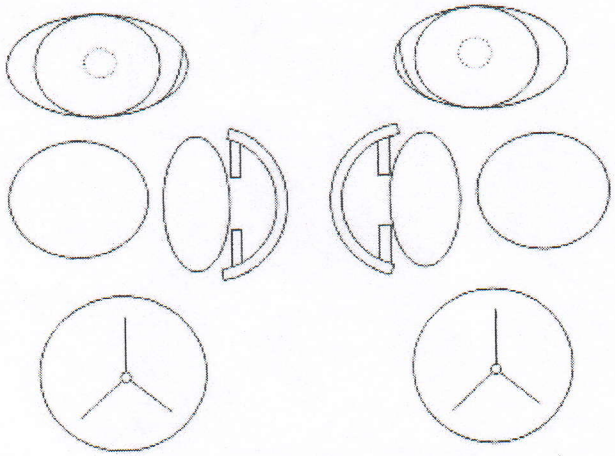
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: ✓

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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