## EYEVET SERVICES

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	OPHTHALMIC EXAM. CEF	RTIFICATE.	
Owner Ms. C.A LE	MIS Animal Name Br	RIENZ REIN-DA-MAGGIA	
Address 7 ItURUNUI N	MOUTH RD, NZK	C. Reg No. 0.4789-2016.  Microchip. 953010002073811	
ANIMAL: Species DOG	Breed BERNESE	M.D. DOB 28/04/2016.	
Coat Color/Type	21 Sex BIT	OH	
" I hereby declare that the anim Furthermore I am the owner o	al submitted for examination is the ragent for this animal."	e animal described above.	
Signed: Owne	er/Agent	Date	
PREVIOUS EXAMINATION:	NOT PREV EXAMINED	NOT AFFECTED	/
EXAMINATION TECHNIQUE:	DIRECT OPHTHALMOSCOPY BIOMICRØSCOPY	OTHER	
MYDRIATIC:	YES NO		
REGION (S) EXAMINED:	LIDS CORNEA	IRIS LENS FUNDUS OTHER	
NOT AFFECTED			
UNDETERMINED/SUSPICIOU	S		
AFFECTED			
COMMENTS:			
INHERITED DISEASE:	YES NO SUSPICE	cious	
	DATE	OF EXAMINATION 8-18	
SHOULD BE RE-EXAMINED	MONTHS YEARLY	the	

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.