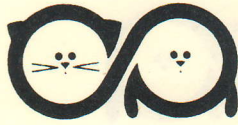


EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist
84 Pitt Street
Palmerston North Ph 06-3575887 Fax 06-3575863
craigeyevet@clear.net.nz



OPHTHALMIC EXAMINATION CERTIFICATE

Owner DR K WYLIE Animal Name HAIRI POTTER WITH AFFETUDE
Address PO BOX 21060 N.Z.K.C. Reg. No. 04853-2010
EDGEWARE

ANIMAL: Species Canine Breed Affenpinscher D.O.B. 18/5/10
Coat Color/Type Black Sex DOG

"I hereby declare that the animal submitted for examination is the animal described above.
I am the owner or agent for this animal."

Furthermore

☒ Signed: Owner/Agent  Date 7.11.14

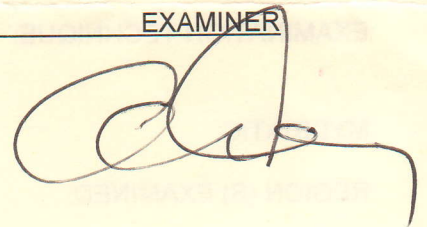
DATE OF RE-EXAM

COMMENTS

EXAMINER

7.11.14

Eye - corneal
dystrophy
l - normal



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craigeyevet@clear.net.nz



OPHTHALMIC EXAM. CERTIFICATE

Owner Sarah Prince Animal Name N2 Ch. Hairi Potte Affix
Address 69 Avoca Valley Rd Heathcote N. Z. K. C. Reg No. 04853-2010
Cuck Microchip 985120032701859
ANIMAL: Species Dog Breed Affen D.O.B 18/5/10
Coat Color/Type Black Sex M

"I hereby declare that the animal submitted for examination is the animal described above.
Furthermore I am the owner or agent for this animal."

Signed: Agent S Prince Date 7/7/10

PREVIOUS EXAMINATION: NOT PREV EXAMINED ☒ NOT AFFECTED
UNDETERMINED AFFECTED

EXAMINATION TECHNIQUE: DIRECT OPHTHALMOSCOPY INDIRECT OPHTHALMOSCOPY ☒
BIOMICROSCOPY OTHER

MYDRIATIC: YES ☒ NO

REGION (S) EXAMINED: LIDS CORNEA IRIS LENS FUNDUS OTHER

NOT AFFECTED ☒ ☒ ☒ ☒ ☒

UNDETERMINED/SUSPICIOUS

AFFECTED

COMMENTS:

INHERITED DISEASE: YES NO ☒ SUSPICIOUS

DATE OF EXAMINATION 7.7.12

SHOULD BE RE-EXAMINED MONTHS YEARLY

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.