Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No: 9418 **Date of Examination:** 07/08/13

Owner: Denise Roberts
Address: 576 Woodcock Road
R.D.1 Warkworth
Breed: Lab
Age / DOB: 22/06/12

Patient: Mary
K.C.Name: Ashdale Vera Mary
K.C.No: 05098 - 2012
Chip: 900 108030042753
Sex: F **Colour:** Yellow

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

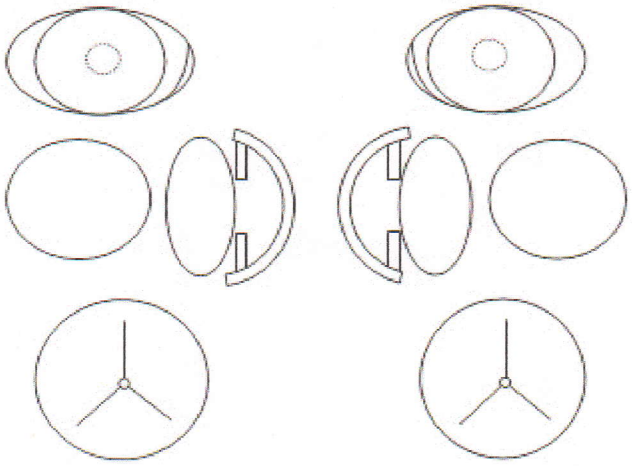
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: ✓

Examination Techniques: Indirect Ophthamolscopy: 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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