

# EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist  
84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

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## OPHTHALMIC EXAM. CERTIFICATE.

Owner Patricia Hallman Animal Name Willaspring this is it  
Address ..... N. Z. K. C. Reg No. 05392-2016  
Microchip 982000356753310  
ANIMAL: Species Dog Breed Labrador D.O.B. 3/31/5/2016  
Coat Color/Type Black Sex male

"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: Owner/Agent ..... Date .....

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 ..... 5-8-16

SHOULD BE RE-EXAMINED ..... MONTHS YEARLY .....

SIGNED .....

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.

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## OPHTHALMIC EXAMINATION CERTIFICATE

Owner Patricia Hallman Animal Name Willowspring This is it

Address 110 Otake Rd N.Z.K.C. Reg. No. ....

Taupe  
ANIMAL: Species Dog Breed Labrador D.O.B. 31/5/16

Coat Color/Type Black Sex male

"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 [Signature] Date .....

DATE OF RE-EXAM

COMMENTS

EXAMINER

4-8-17

normal

[Signature]