

# Auckland Animal Eye Centre

## Ophthalmic Examination Certificate



Patient No: 8639

Date of Examination: 26/10/2012

**Owner:** Alison Marett  
**Address:** 71 Oturoa Road  
R.D.2. Hamurana Rotorua  
**Breed:** Staff Bull Terrier  
**Age / DOB:** 29/05/2010

**Patient:** Loki  
**K.C. Name:** CH OAKSTAFF MASTERPIECE CAC Gold  
**K.C. No:** 05603 - 2010  
**Chip:** 900 088000215881 & 900 008800624621  
**Sex:** male **Colour:** Black

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

**Previous Examination:** Affected: \_\_\_ Not Affected: \_\_\_ Unknown: \_\_\_ Not Examined: ☒

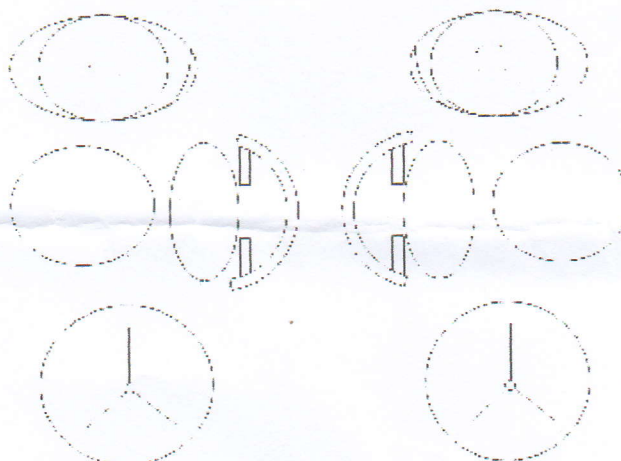
**Examination Techniques:** Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X, Other: \_\_\_\_\_

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

R

L



**Annual Re-examination**  
**Recommended** PTO

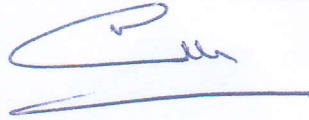
**Signed:**   
**P. N. Collinson**  
BVSc, MVS, FRCVSc

18 Barrack Road, Mt Wellington, Auckland 1060, New Zealand  
Ph (09) 5277697, Fax (09) 5277690, Email: eyevet@xtra.co.nz

Loki : 900 00800624621 @

21/08/2015

Normal exam



Date of Examination: 20/10/2015

Patient No: 8639

Patient's Name: CH. CARSTAR MASTERPIECE  
K.C. No: 05003 - 2010  
Chip: 900 00800624621  
Color: Black  
Sex: male

Owner: Alison Martin  
Address: 71 Oroua Road  
R.D. 2 Hamurua Rotonga  
Street: Staff Bull Terrier  
Age / DOB: 29/05/2010

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

Examination Techniques: Indirect Ophthalmoscopy, X, Rhinoscopy, X, Mydriatic, X  
Other: \_\_\_\_\_

Regions:	Not Affected	Unaffected	Affected
Eyelids			
Comes			
Lens			
Fund			
Other			

Comments:

Signature: \_\_\_\_\_  
P. N. Collinson  
D.V.M. M.V.S. F.R.C.V.S.

Annual Re-examination  
Recommended: 12/0