

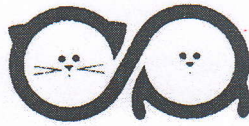
EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist

84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

craigeyevet@clear.net.nz



OPHTHALMIC EXAM. CERTIFICATE.

Owner JASON + REBECCA HART Animal Name THOMAS
Address 7A SHAEDA GR, PALMERSTON N. Z. K. C. Reg No. 06190-2014
Microchip 982 00364018480
ANIMAL: Species DOG Breed STAFFORDSHIRE D.O.B 07-10-14
Coat Color/Type BLACK/BRINDLE 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: Owner/Agent R. Hart Date 20.06.17

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UNDETERMINED/SUSPICIOUS	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

COMMENTS:

INHERITED DISEASE: YES ☐ NO ☒ SUSPICIOUS ☐

DATE OF EXAMINATION 20-6-17

SHOULD BE RE-EXAMINED ☐ MONTHS ☐ YEARLY ☐

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.