

Auckland Animal Eye Centre


Ophthalmic Examination Certificate



Patient No: 13902

Date of Examination: 13/10/2017

Owner: Michelle Woods
Address: 36 Tapu Bush Road
R.D.4 Wellsford
Breed: Akita
Age / DOB: 22/07/2016

Patient: Red
K.C.Name: Arvon's From The Hearth
K.C.No: 06428-2016
Chip: 934 000090081107 
Sex: male **Colour:** Tri Colour

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	_____	_____	_____	_____	_____
Affected	_____	_____	_____	_____	_____

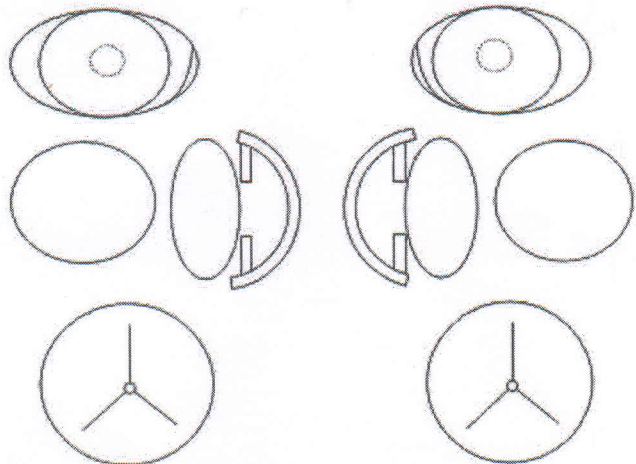
Comments:

(Puppy test 12/9/16, single
bilateral retinal folds)

1) All Normal at this
examination (No strabismus)

R

L



**Annual Re-examination
Recommended**

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

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