

EYEVET SERVICES

Craig Irving -Specialist Veterinary Ophthalmologist

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OPHTHALMIC EXAM. CERTIFICATE.

Owner Animal Name Barahwolfe Lemon Cheesecake

Address N. Z. K. C. Reg No. 07196-200

* Microchip.....

ANIMAL: Species Breed D.O.B

Coat Color/Type Sex

" 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 1.3.13

SHOULD BE RE-EXAMINED MONTHS YEARLY

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.