

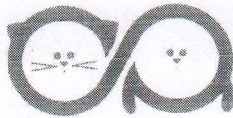
# EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist

84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

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## OPHTHALMIC EXAM. CERTIFICATE.

Owner AMY CA SELLIN Animal Name (EVIE) MIDLANDER MIO MARGARITA

Address 644 Oxford Road, Fernside N. Z. K. C. Reg No. 1571CU  
Rangiora 7471

Microchip 9810000002083659

ANIMAL: Species DOG Breed CSP D.O.B 20-9-2007

Coat Color/Type LINGER WHITE Sex BITCH

"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 C Sellin Date 6/7/2012

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 7.7.12

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

SIGNED C Sellin

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.

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## OPHTHALMIC EXAMINATION CERTIFICATE

Owner.....Animal Name.....

Address.....N.Z.K.C. Reg. No.....

ANIMAL: Species.....Breed.....D.O.B.....

Coat Color/Type.....Sex.....

"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.....Date.....

DATE OF RE-EXAM

COMMENTS

EXAMINER

26.8.15

normal