Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:11758 Date of Examination: 10/12/2015

Owner: Denise Roberts
Address: 211 Ryans Road
R.D.5 Wellsford
Breed: Labrador Rtrvr
Age / DOB: 19/05/2015

Patient: Flame
K.C.Name: Ashdale Flamin Nora
K.C.No: 04503-2015
Chip: 900 108001770877
Sex: female **Colour:** Yellow

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

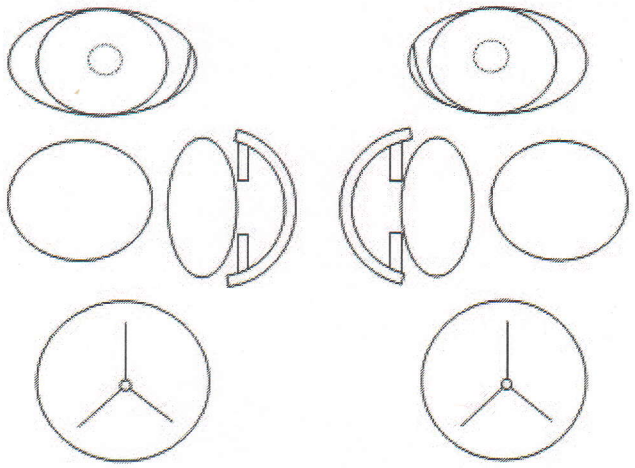
Previous Examination: Affected:___ Not Affected:___ Unknown:___ Not Examined: X

Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X,
Other: _____

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected	✓	✓	✓	✓	✓
Undetermined					
Affected					

Comments:

R **L**



Annual Re-examination Recommended

Signed: _____
P. N. Collinson
BVSc, MVS, FACVSc

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Ophthalmic Re-Examination Certificate

Owner: D Roberts **Name:** Flame

Date: 10/04/2017 -(chin OK ® shoulder)

Normal