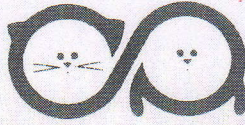


EYEVET SERVICES

Craig Irving - Specialist Veterinary Ophthalmologist
84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

craigeyevet@clear.net.nz



OPHTHALMIC EXAM. CERTIFICATE.

Owner A. Calman Animal Name Kokleone Cora vaggio
Address N. Z. K. C. Reg No. 2100360828
Microchip.....

ANIMAL: Species Dog Breed Cocker Spaniel D.O.B. 6/4/12
Coat Color/Type Blue Roan Sex D

"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 [Signature] Date 30/10/17

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
UNDETERMINED/SUSPICIOUS
AFFECTED

COMMENTS:

Xs upper lid droop due to
forehead skin mobility

INHERITED DISEASE: YES..... NO..... SUSPICIOUS.....

DATE OF EXAMINATION 30-10-17

SHOULD BE RE-EXAMINED MONTHS YEARLY

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.