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 C. A. LENIS	Ar	nimal Name		+ BRA	MBERN	DARKD	EFIAN		
	Address 13 BRAMLEYS RD RDINZKC Reg No. 2100393913									
	KAIAPOI	l		Microchi	0943	09432	02978	29		
	ANIMAL: Species	Breed B	ERNESE	M.D	D.O.	B /2/10	1/13			
	Coat Color/Type	and the second s					1			
"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 CUXeuro Date 21/08/14										
	PREVIOUS EXAMINATION: NOT PREV EXAMINED NOT AFFECTED AFFECTED									
EXAMINATION TECHNIQUE: DIRECT OPHTHALMOSCOPY INDIRECT OPHTHALMOSCOPY										
		BIOMICROSC	OPY	OTHE	ER					
	MYDRIATIC:	YES	NO							
	REGION (S) EXAMINED:	LIDS	CORNEA	IRIS	LEN8	FUNDUS	OTHER			
	NOT AFFECTED		-	·						
	JNDETERMINED/SUSPICIOUS									
	AFFECTED			********						
	COMMENTS:									
	· s									
		V=0	NO OUG							
INHERITED DISEASE: YES NO SUSPICIOUS								14		
		DATE OF EXAMINATIONMONTHS YEARLY								
	SHOULD BE RE-EXAMINED .	2	27							
			SIGN	The state of the s						
EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.										

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 C. A. LEWIS Animal Name FRANBERN DARK DEFIN										
Address 13 BRAMLEYS RD RDINZKC Reg No. 2100393913											
	KAIAPOI	09432		29							
ANIMAL Species DOG Breed BERNESE M.D. D.O.B. /2/10/13											
	Coat Color/Type	TRI	Sex DOX	6.			1.0				
	"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 CUXLUUD Date 21/08/14										
	PREVIOUS EXAMINATION: NOT PREV EXAMINED NOT AFFECTED AFFECTED										
	EXAMINATION TECHNIQUE:	UE: DIRECT OPHTHALMOSCOPY INDIRECT OPHTHALMOSCOPY									
BIOMICROSCOPY OTHER											
	MYDRIATIC:	YES	NO								
	REGION (S) EXAMINED:	LIDS	CORNEA	IRIS	LEN8	FUNDUS	OTHER				
	NOT AFFECTED		-								
	UNDETERMINED/SUSPICIOU										
	AFFECTED		*********	********	*********						
	COMMENTS:										
	ž .										
INHERITED DISEASE: YES NO SUSPICIOUS DATE OF EXAMINATION							14				
							/				
SHOULD BE RE-EXAMINED MONTHS YEARLY											
SIGNED											
	EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.										