

# Auckland Animal Eye Centre

## Ophthalmic Examination Certificate



Patient No: 13745

Date of Examination: 25/08/2017

**Owner:** Dayle Olding  
**Address:** 271b Waghorn Road  
R.D.1 Waharoa Waikato  
**Breed:** Min Schnauzer  
**Age / DOB:** 6/07/2016

**Patient:** Gibbs  
**K.C. Name:** Dog-Otho's Silver Guy (Imp Arg)  
**K.C. No:** 3026  
**Chip:** 939 000001573386   
**Sex:** male **Colour:** Black & Silver

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

**Previous Examination:** Affected: \_\_\_ Not Affected: \_\_\_ Unknown: \_\_\_ Not Examined: ☒

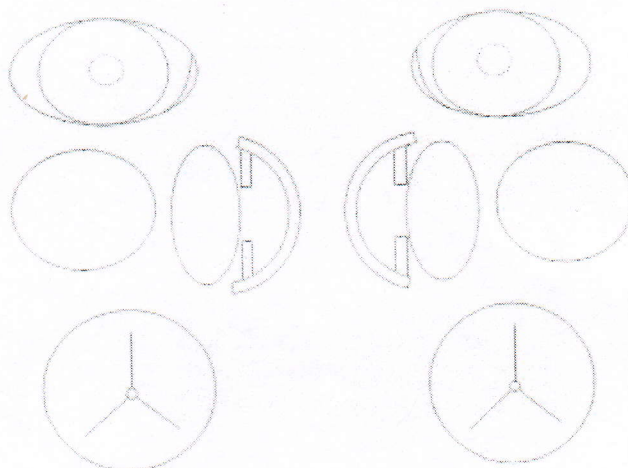
**Examination Techniques:** Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X,  
Other: \_\_\_\_\_

<b>Regions:</b>	<b>Eyelids</b>	<b>Cornea</b>	<b>Lens</b>	<b>Fundi</b>	<b>Other</b>
Not Affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Undetermined	_____	_____	_____	_____	_____
Affected	_____	_____	_____	_____	_____

**Comments:**

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**Annual Re-examination  
Recommended**

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

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