

# EYEVET SERVICES

Craig Irving –Specialist Veterinary Ophthalmologist

84 Pitt Street

Palmerston North Ph 06-3575887 Fax 06-3575863

[craigeyevet@clear.net.nz](mailto:craigeyevet@clear.net.nz)



## OPHTHALMIC EXAM. CERTIFICATE.

Owner M. Woods Animal Name Cootie Eternal Flame (Flame)

Address 36 Tapu Bush Road N. Z. K. C. Reg No. 6100058490  
RD4 Wellsford

Microchip 2981000300348374

ANIMAL: Species Dog Breed Akita D.O.B 23/09/2008

Coat Color/Type Red/black/white Sex Female

"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 M. Woods Date 3/17/08/2013

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 17. 8. 13

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

SIGNED [Signature]

EXAMINER PROHIBITS USE OF HIS NAME FOR ADVERTISING PURPOSES.

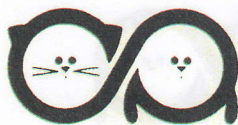
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## OPHTHALMIC EXAMINATION CERTIFICATE

Owner Woods Animal Name Flane

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

ANIMAL: Species K9 Breed Akita D.O.B. 23/09/2008

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

"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

10/10/16 - minor retinal scar in R peripheral retina.

otherwise NAD -

Not Significant

Craig