Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No:6329

Date of Examination: 28/03/2011

Owner: Alison Battrick
Address: 150 Braddick Road
R.D.5 Wellsford
Breed: Labrador
Age / DOB: 9/02/2006

Patient: Truffle
K.C.Name: Stormley Am I Bovered
K.C.No: AGO1087901
Chip: E981000000764731
Sex: female **Colour:** Chocolate

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

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

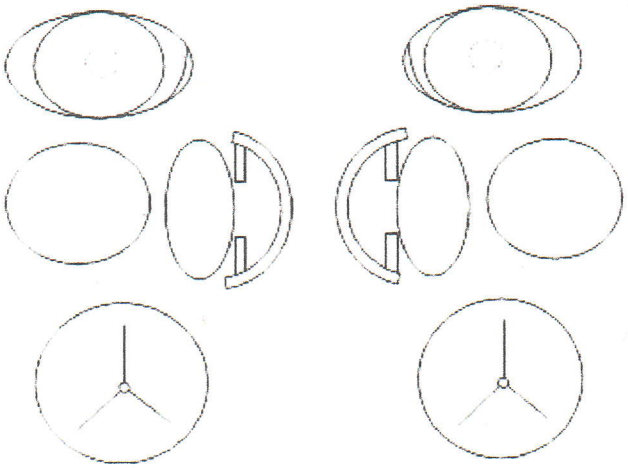
Examination Techniques: Indirect Ophthalmoscopy: X, Biomicroscopy: X, Mydriatic: X, Other: _____

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

Comments:

Bilateral lipid corneal dystrophy with © mucinous secretion
- Breed predisposition

R **L**



Annual Re-examination Recommended

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

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