

# 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)

Fifi



## OPHTHALMIC EXAM. CERTIFICATE.

Owner Mrs Sarah Prince Animal Name Orlock Phoenix  
Address 69 Avoca Valley Rd Chch N. Z. K. C. Reg No. AP111401  
Microchip 981000004767310  
ANIMAL: Species Canine Breed Affenpinscher D.O.B 24/1/12  
Coat Color/Type Black Sex F

"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..... Date.....

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 8. 11. 13

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

SIGNED 

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



## OPHTHALMIC EXAMINATION CERTIFICATE

Owner Mrs S Prince Animal Name ORLOCK PHOENIX  
Address 69 AVON VALLEY RD N.Z.K.C. Reg. No. AP 01101401  
HEATHCOTE CHCH 8022

ANIMAL: Species Canine Breed Affenpinscher D.O.B. 25/1/12

Coat Color/Type Black Sex F

"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 S Prince Date 7/11/14

DATE OF RE-EXAM

COMMENTS

EXAMINER

7-11-14

normal