Auckland Animal Eye Centre

Ophthalmic Examination Certificate

Patient No: _____ **Date of Examination**: 16/06/2016

Owner: Trudy Hooper
Address: 89 Hobsonville Road
West Harbour Auckland
Breed: Golden Retriever
Age / DOB: 12/01/2015

Patient: Whisky
K.C.Name: Zomarick Sidekick (imp)
K.C.No: CA 597303
Chip: 952000008598559
Sex: M **Colour:** Gold

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 Ophthamolscopy: X, Biomicroscopy: X, Mydriatic: X
Other: _____

Regions:	Eyelids	Cornea	Lens	Fundi	Other
Not Affected		✓		✓	
Undetermined	✓①				
Affected			✓		

Comments

① Single distichiasis in ® eyelid : Minor Significance

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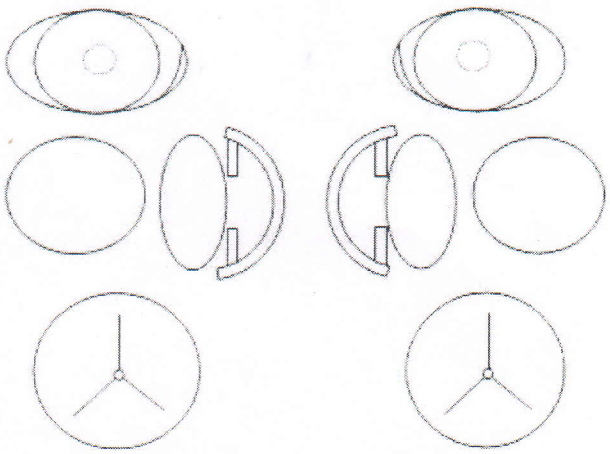

Annual Re-examination Recommended

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

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