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 Dr Steve Heap  
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## OPHTHALMIC EXAMINATION CERTIFICATE

<b>Owner:</b>	Nicky Casey
<b>Address:</b>	
<b>Mobile Phone:</b>	021387003

<b>Patient Name &amp; ID:</b>	Rosa Cara Of Truffleway 158305
<b>Breed:</b>	Lagotto
<b>Sex:</b>	Female
<b>Animal's DOB:</b>	27-07-2022
<b>Animal's Microchip No:</b>	99000008121777
<b>Dogs NZ (NZKC) Reg No:</b>	

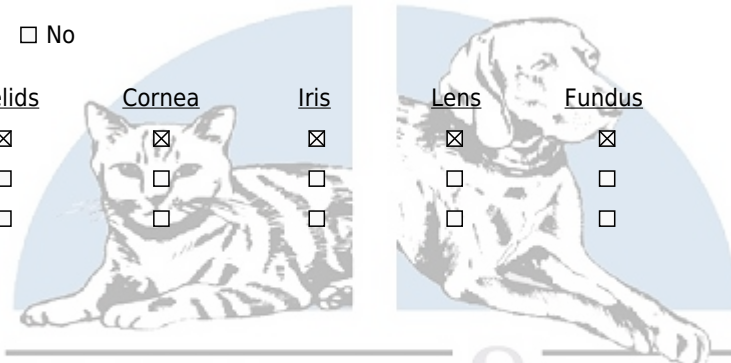
**PREVIOUS EXAMINATION:**  Affected     Not Affected     Unknown     Not Examined

**EXAMINATION TECHNIQUE:**  Direct Ophthalmoscopy     Indirect Ophthalmoscopy     Biomicroscopy  
 Tonometry     Gonioscopy

**MYDRIATIC:**  Yes     No

<b>REGIONS:</b>	Eyelids	Cornea	Iris	Lens	Fundus	Other
Not Affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**



Cornea

Lens

Fundus

**COMMENTS:**

**INHERITED DISEASE:**  Evident     Not Evident     SUSPICIOUS     ANNUAL RE-CERTIFICATION

Signed:  
 Dr Steve Heap BVSc CertVOphthal

Date: 22-11-2025