

National Rottweiler Council (Australia)



EYE EXAMINATION CERTIFICATE

State or Territory of Issue South Australia

Name of Owner: Mrs Roberta Veale Phone: _____
Address: 26 Kingsley Ave, West Croydon Postcode: 5008
Pedigree Name: BLACKCOMBE LISE Reg. No.: 6100051604
Date of Birth: 20/04/2007 Sex: Female Microchip No.: 956000001284573
Sire: Nz Gr Ch Aus Ch Blackcombe King Van Boylan (USA) Dam: Aust Ch Blackcombe Odette 5100029749
WS06510905

(Please indicate findings by placing a tick in shaded area)

EYELIDS Normal Ectropian Entropion
EYE COLOUR Similar Dissimilar

ANY OTHER ABNORMALITIES NOTED - eg. Cataracts, Persistent Pupillary Membranes, Signs of previous Surgical Correction or other.

I hereby certify that the information contained in this certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting information: Dr Michael J Burke B.V.Sc
Address: 52 Main North Rd, PROSPECT SA 5082
Signature: M. Burke Date of Examination: 19/9/08

DENTAL CERTIFICATE: Please complete on reverse side