National Rottweiler Council (Australia)



EYE EXAMINATION CERTIFICATE

003644

State or Territory of Issue RCSA

Dog's Registered N	Jame: ROTTGENS KAU	UALA NZAPPA Registration No.: 6 00091478
sireCH ROTTGET	MS KAHALA KAISE	ER Dam: ROTTGEMS VIDSAMS VAHLA
	,01,2015	Sex: Male /-Formate (Delete as appropriate)
Microchip No.:		Microchip No.: 95301000388150
		indings by initialing in the shaded area)
EYELIDS	Normal KM	Ectropian Entropian
EYE COLOUR	Similar Kal	Dissimilar
any previous surgio	cal correction or other alter	
I hereby certify that	t the information contained	d in this Certificate is true and correct to the best of my
professional knowl	edge at the time of examin	
professional knowl Veterinary Surgeon	edge at the time of examin	on DR K Son 1774
professional knowl Veterinary Surgeon	edge at the time of examin	on DR K Son 1774
professional knowl Veterinary Surgeon	edge at the time of examin	nation.
Veterinary Surgeon Address: UNIVE	edge at the time of examination submitting the information of the submitting the information of the submitting the information of the submitted su	nation. on DR K SMITH THOSP. 66 UNIVERSITY AVE, DURACK, M Date of examination: 6-12-17
Veterinary Surgeon Address: UNIVE	edge at the time of examination submitting the information of the submitting the information of the submitting the information of the submitted su	nation. on DR K SMITH THOSP. 66 UNIVERSITY AVE, DURACK, M Date of examination: 6-12-17
Veterinary Surgeon Address: UNIVE Signature: Name of the Owner	edge at the time of examin	nation. on DR K SINITH THOSP. 66 UNIVERSITY AVE, DURACK, M Date of examination: 6.12.17 NIXON Phone No.: 0412 596 386
Veterinary Surgeon Address: UNIVE Signature: Name of the Owner Address: 3 BASE	edge at the time of examination submitting the information with the submitting the information with the submitted su	Date of examination: 6.12.17 Phone No.: 0412590386 NIXON Phone No.: 0412590386
Veterinary Surgeon Address: UNIVE Signature: Name of the Owner Address: 3 BASE	edge at the time of examination submitting the information of the submitting the information of the submitted of the submitte	nation. On DR K SMITH THOSP. 66 UNIVERSITY AVE, DURACK, A Date of examination: 6.12.17 NIXON Phone No.: 0412 590 386 NNE BAY Postcode: 0820 Recorder: NT
Veterinary Surgeon Address: UNIVE Signature: Name of the Owner Address: 3 BASE	r: KYM-MPREE Name: S. R.	nation. On DR K SMITH THOSP. 66 UNIVERSITY AVE, DURACK, 1 Date of examination: 6.12.17 NIXON Phone No.: 0412 590 386 NNE BAY Postcode: 0820 Recorder: NT