



Southern
Eurasier
Association (UK)

EYE EXAMINATION

to be filled in by the veterinary surgeon

Eurasier's registered name.....

DOB.....Microchip Number.....

Owner.....

Address

.....

- I certify that this dog has a Patella score of
Right side: 0/1/2/3/4
Left side 0/1/2/3/4

Please circle as appropriate

Additional comments.....

.....

.....

DATE..... SIGNED.....

PRACTICE NAME AND ADDRESS/STAMP