

FORM 1

CERTIFICATE OF HEALTH FOR DOGS AND CATS (Society for the Prevention of Cruelty to Animals, R.S.N.B. 2014, c.132, s.23.1)

Veterinarian:		Date:	
Veterinary clinic:		Current owner:	
Veterinary clinic address:		Current owner address:	
Animal name:	Species:	Sex:	
Date of birth:	Breed:	Colour:	
Microchip number (if applicable):	Distinguishing markings:		
Reproductive status: <input type="checkbox"/> Intact <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown			

Physical Exam Findings:

Temperature: _____ Heart rate: _____ Respiratory rate: _____ Mucous membranes: _____ Capillary refill time: _____ Weight: _____

	Normal	Abnormal	If abnormal, explain (using back of sheet if necessary)
General appearance Body Condition Score: Too thin Ideal Too heavy 1 2 3 4 5 6 7 8 9			
Mouth			
Teeth			
Eyes			
Ears			
Cardiovascular system			
Respiratory system			
Lymph nodes			
Abdomen			
Gastrointestinal system			
Genitourinary system			
Skin			
Musculature			
Skeleton			
Other observations/ recommended treatments			

I have performed a physical examination on this animal on (insert date) _____ and noted above my observations. I have not conducted any tests beyond a physical examination. My observations relied in part on information from the owner, which cannot be warranted as to accuracy. This Certificate of Health indicates the health status of this animal on the date of the examination, based on my physical examination. It is not intended to be relied on to predict the future health of this animal, including any conditions that may arise after the date of examination or that were not detectable on physical examination. This Certificate cannot be relied on as a guarantee or warranty, express or implied, respecting this animal's health.

Signature of veterinarian