

Form A: Veterinary Certificate of Health for Cats and Dogs

**Province of Nova Scotia
Veterinary Certificate of Health for Cats and Dogs**

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:	Intact	Spay/neuter	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			
Oral			
Teeth			
Eyes			
Ears			
Heart			
Respiratory			
Lymph nodes			
Abdominal palpation			
Gastrointestinal			
Skin			
Musculature			
Skeletal			
Other observations/ recommended treatments			

I have examined this animal on (insert date) _____ and noted above my observations based on this physical examination. I have not conducted any tests beyond a physical examination. My examination relied in part on information from the owner, which cannot be warranted as to accuracy. This Veterinary 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.

X _____

Signature of licensed veterinarian