

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 \_\_\_\_\_ Heartrate \_\_\_\_\_ Respiratory Rate \_\_\_\_\_ Mucous membranes \_\_\_\_\_ Capillary refill time \_\_\_\_\_ Weight \_\_\_\_\_

	Normal	Abnorma	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