

CERTIFICATE OF HEALTH

COAT & SKIN

- Appear Normal Dandruff
 - Dull or Matted Parasites
 - Tumors/Cysts Other _____
- Recommendation: _____

HEART

- Appears Normal Fast - Rate
 - Murmur - Grade _____ Other _____
 - Slow - Rate _____
- Recommendation: _____

EYES

- Appear Normal Infection
 - Discharged/Inflamed Cataract: L ___ R ___
 - Eyelid Deformities Other _____
- Recommendation: _____

ABDOMEN

- Appears Normal
 - Tense/Painful Other _____
 - Hernias: Type _____
- Recommendation: _____

EARS

- Appear Normal Tumor: L ___ R ___
 - Inflamed Excessive Hair
 - Itchy Mites
 - Other _____
- Recommendation: _____

LUNGS

- Appear Normal Breathing Difficulty
 - Abnormal Sound Rapid Respiration
 - Coughing Congestion
 - Other _____
- Recommendation: _____

NOSE & THROAT

- Appear Normal
 - Nasal Discharge
 - Enlarged Lymph Nodes Other _____
- Recommendation: _____

LEGS & PAWS

- Appear Normal Damaged Ligaments
 - Lameness Patella Luxation
 - Joint Problems Other _____
- Recommendation: _____

GASTROINTESTINAL SYSTEM

- Appears Normal
 - Diarrhea/Constipation
 - Parasites Other _____
- Wormed: _____
- Recommendation: _____

UROGENITAL SYSTEM

- Appears Normal
 - Testicles: Both ___ One ___ None ___
 - Abnormal Urination
 - Spayed/Neutered
- Recommendation: _____

MOUTH, TEETH & GUMS

- Appear Normal
 - Bite: Scissors Over Under
 - Broken/Loose Teeth
 - Tartar Buildup
 - Ulcers/Abscesses
 - Other _____
- Recommendation: _____

ANAL SACS

- Appear Normal Infected/Abscessed
- Recommendation: _____

CENTRAL NERVOUS SYSTEM

- Appears Normal Seizures
 - Behavior Problems Other _____
- Recommendation: _____

COMMENTS:

Animal Clinic Northview
 34910 Center Ridge Road
 North Ridgeville, OH 44039
 (216) 327-8282

VACCINATION RECORD

Date	Type and Serial Nos. of Vaccine
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

 Signature of Veterinarian
 Date of Examination _____