



Harmony Veterinary Clinic
1823 Amsterdam Rd
Ballston Spa, NY 12020
518-885-5535

S.E. Todd, DVM
K.A. Payton, DVM
J.C. Kohler, DVM
H.E. Burrowes, DVM

Certificate of Examination

Patient Name

Date of exam: _____ Weight at exam: _____
Date of birth: _____
Breed: _____
Sex: _____ Color: _____
Tattoo or Microchip Number: _____
Owner name: _____
Owner address: _____

This patient presented for a health examination on the date noted above. The patient has been examined and found to be free of communicable disease and/or physical deformity except where noted below. Our clinicians routinely check for hernias, heart murmurs, cleft palates, open fontanelles, and undescended testes; these and any other deformities, if found, are described below.

Abnormalities: _____

Signed,

S.E. Todd

K.A. Payton

J.C. Kohler

H.E. Burrowes

