## Certificate of Cardiovascular Examination

Owner(s) JONATHAN & KATHLEEN C	HASE
Address MARINER KENNELS	
City JEFFERSON	State ME Zip Code 04348
Phone Number 201-549-7426	
Dog's Registered Name MARINER ORION	
Registration No. SN 809 ZZ9 102 Tattoo (	Cip, DNA Profile No.033 636 596
Breed GOLDEN RETRIEVER Se	x M Date of Birth 1/31/01
75.0	10
I hereby certify that the animal submitted for examination is the animal described above.	Furthermore, Toeclane Lam the owner or agent of the owner of this animal.
D	
Do not write below this line.	Signature
Auscultation Findings (V -XAM - WE	THAN NORMAR LANTS
Additional Diagnostic Procedures	
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1/17/1/m /////	1 thm ETC
Diagnosis VIIIV	
Recommendations	
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	14.121
Date	1100
	Paul M. Kaplan, D.V.M.
<b>V</b> .	Mark Stamoulis, D.V.M.
	Diplomates ACVIM (Cardiology)