

CERTIFICATE OF  
CARDIOVASCULAR EXAMINATION

Owner(s) JON CHASE

Address P. O. Box 957

City JEFFERSON State ME Zip Code 04348

Phone Number \_\_\_\_\_

Dog's Registered Name MARIMER RED RUM

Registration # SM13710108 Tattoo or Chip # \_\_\_\_\_

Breed GOLDEN RETRIEVER Sex M Date of Birth 11/21/00

(Do not write below this line)

AUSCULTATION FINDINGS 92 rate, no murmur, pulsed  
dup-cha

ADDITIONAL DIAGNOSTIC PROCEDURES \_\_\_\_\_

DIAGNOSIS NORMAL EVAL.

RECOMMENDATIONS follow -

Date 11/5/00

Paul M. Kaplan

Paul M. Kaplan, D.V.M.  
Mark Stamoulis, D.V.M.  
Diplomates ACVIM (Cardiology)