

HEALTH CERTIFICATE

[Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]

Owner: [Redacted]

Address: [Redacted]

Name:	[Redacted]
Species:	Canine
Breed:	Boxer
Colour:	[Redacted]
Gender:	[Redacted]
Date of birth:	[Redacted]
Chip number:	[Redacted]

During the physical examination, there were no abnormal findings of the circulatory or musculoskeletal system on the above animal.

[Redacted]

[Redacted]
[Redacted]
[Redacted]

Date [Redacted]
[Redacted]

Signature of veterinarian

Stamp

HEALTH CERTIFICATE

[Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]

Owner: He [Redacted]
Address: B [Redacted]

Name:	[Redacted]
Species:	Canine
Breed:	Boxer
Colour:	Brindle with white
Gender:	Female
Date of birth:	[Redacted]
Chip number:	[Redacted]

During the physical examination, there were no abnormal findings of the circulatory or musculoskeletal system on the above animal.

The animal is fit for transport.

Date 3/8-23
[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]
Signature of veterinarian [Redacted]