

Certification of Medical Record

I, *Dr. Robert Reisman*, the Medical Coordinator of Abuse Cases at, the Henry Bergh Memorial Hospital of The American Society for the Prevention of Cruelty to Animals, 424 East 92nd Street, New York, New York, 10128, certify that the attached document is a true and accurate copy of the medical record of;

ANIMAL IDENTIFICATION

Humane Law Enforcement **AO200** _____

Bergh Memorial Animal Hospital _____

Animal Placement **A01** _____

I also certify that this record was made in the regular course of business of this Hospital. That, it is the regular business of this Hospital to make and keep such a record, and that the record was made upon the dates set forth or within a reasonable time of the condition, act, transaction, occurrence, or event.

Signature: _____

Date: _____