I, Dr. Robert Reisman, the Medical Coordinator of Abuse Cases at ASPCA Animal Hospital, 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

**Law Enforcement Agency AO200 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ASPCA 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_