

**FORM 9**  
**CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE**  
**CONTRACT UNDER SECTION 32 OF THE ACT**

*Construction Act*

Mississauga

(County/District/Regional Municipality/Town/City in which premises are situated)

5030 Satellite Drive, Building D Unit 1, Mississauga, Ontario, M9C 5M1

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

Alteration to existing space

(short description of the improvement)

to the above premises was substantially performed on December 4th, 2023

(date substantially performed)

Date certificate signed: 01/10/2024

Susan Luzi  
Digitally signed by Susan Luzi  
DN: CN=CA, E=susan.luzi@vca.com,  
OU=VCA Canada, OU=Operations -  
Construction and Facilities,  
CN=Susan Luzi  
Reason: I am approving this  
document  
Date: 2024.01.10 08:45:45-0700

*Michael Jenne*  
Vestacon Ltd.

(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: Joffe Veterinary Medicine Professional Corporation dba VCA Canada

Address for service: Bay 1, 6325 12th Street SE, Calgary, Alberta, T2H 2K1, Canada

Name of contractor: Vestacon Limited

Address for service: 3 Bradwick Drive, Vaughn ON, L4K 2T4 Canada

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises,  
including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

**Susan Luzi VCA Canada Bay 1, 6325 12th Street SE Calgary, AB T2H 2K1**

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)