

Certificate of Veterinary Health

Owner of Dog:

Name of Dog:

Microchip: Y N Company: Chip#
Age: Sex: M F Neutered: Y N
Breed: Color/Markings:

Other Information (Circle selections when applicable)

Rabies				
Date:				
DHPP (Distemper, Hepatitis, Parvo and Parainfluenza)			DHPP + Bordetella	
Date:				
Distemper	Hepatitis	Parvo	Parainfluenza	Bordetella
Date:				
Heartworms				
Date:				
Test/Vaccine Type:				
Date:				
Test/Vaccine Type:				
Date:				
Test/Vaccine Type:				
Date:				
Test/Vaccine Type:				
Date:				

Additional comments:

Additional Certification Statement (Check applicable statements)

I certify that I have examined the dog described and to the best of my knowledge and belief attest to the statements indicated:

____ Not showing signs of infectious, contagious, and/or communicable disease.

____ The dog appears healthy for services needed by owner.

Veterinarian Information

Signature:

Date:

Printed Name:

Phone#

License and/or accreditation#

Licensing State: