



PET HEALTH CERTIFICATE

Owner's Name:		Telephone Number:	Animal's Name:		
Address:			Predominant Breed:		
City/State/ZIP Code:			Color(s):		
SPECIES		SEX	AGE		SIZE
CANINE/FELINE		MALE/FEMALE	AGE: _____		WEIGHT: _____
At this time this animal was examined by me on _____ and it appeared to be free of contagious skin disease and parasites.					
The result of the fecal test was: NEGATIVE POSITIVE Date Tested: _____					
CANINE			FELINE		
VACCINATIONS	Date Given	Expires	VACCINATIONS	Date Given	Expires
Distemper			Distemper		
Rabies			Rabies		

*** If there is a medical condition or other reason determined by your veterinarian, we can accept titers with a letter from you veterinarian stating why the titers were run and that he accepts responsibility for their accuracy. Please attach a copy of the veterinarian's letter.

Veterinarian's Signature	Date	License Number	Telephone Number
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