



Iowa Department of Human Services
Registered Child Development Home

Pet Health Examination Veterinary Health Certificate

Child Care Provider Pet Information

Name of Pet Owner

Address

Name of Pet

Species

Breed

Sex

Date of Birth

Date of Exam

Rabies Vaccination: Date Given

Date Expires

Veterinary Provider Information

Name of Veterinarian

Veterinarian's License Number

Address of Veterinarian

Phone Number of Veterinarian

Dogs and Cats

- ☐ On the above date I completed a health examination on the dog or cat listed above. At that time I certify that the animal in question was healthy. The animal is current on all recommended core vaccinations, *including rabies*, and there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.

Birds

- ☐ On the above date I completed a health examination on the bird listed above. At that time I certify that the animal in question was healthy and free of infectious diseases.

Veterinarian's Signature

Date