



VETERINARY HEALTH CERTIFICATE

Owner's

name: _____

Address: _____

Phone: Work _____ Home _____

Email: _____

Dog's name: _____ Breed _____

Age: _____ Sex: _____ Spayed: _____

Neutered: _____

Name of

Veterinarian: _____

Address: _____

License#: _____

I have examined this animal on (date) _____ and find him/ her to be healthy and free of any obvious communicable disease.

He/ She is current on the following immunizations until (Date of next vaccination) _____ :

_____ Rabies

_____ Distemper

_____ Kennel Cough

_____ Other _____

I further certify that this animal is in a mutually beneficial relationship with the owner and to this date, there is no reason that he/ she cannot serve as an emotional support pet.

Signature