



VISITING AND RESIDENTIAL PET PROGRAM – CERTIFICATION OF EXAMINATION

Owner's Last Name _____ First Name _____ Daytime Telephone _____ Evening Telephone _____
No. _____ Street _____ City _____ State _____ Zip Code _____

SPECIES	SEX	AGE	SIZE	ANIMAL NAME	COLORS
☐ Dog	☐ Male	☐ 3 mo. – 12 mo.	☐ Under 20 lbs.	_____	_____
☐ Cat	☐ Female	☐ 12 mo. or older	☐ 20 – 50 lbs.	_____	_____
☐ Other (specify): _____	Neutered: ☐ Yes ☐ No			PREDOMINANT BREED: _____	_____

At the time this animal was examined on _____, it appeared to be free of contagious diseases and parasites. The result of the fecal test was _____. If positive, treated with _____.

CANINE			FELINE			AVIAN
Vaccine Name	Last Vaccination Date	Expires	Vaccine Name	Last Vaccination Date	Expires	Antibiotic Treatment Concluded:
Adenovirus			Calicivirus			
Distemper			Chlamydia			
Hepatitis			Psittaci			
Leptospirosis			Panleukopenia			
Parainfluenza			Pneumonitis			
Parvovirus			Rhinotracheitis			
Rabies			Rabies			

Comments: _____

Veterinarian's Signature _____ Date _____ License Number _____ Phone Number _____