

HEALTH AND VACCINATION CERTIFICATE

Date of Rabies Vaccination: _____ Expiration of Rabies Vaccination: _____

Date of Last Examination: _____ Medical issues new or chronic? _____

Owner's Last Name

Owner's First Name

Owner's Middle Initial

Dog's Name

Breed

Color(s)

Age

Sex: M / F

Neutered/Spayed: Yes / No

Oral Health: Satisfactory / Unsatisfactory

This is to certify that the dog described above was examined by me on the date specified and found to be free from symptoms of infectious, contagious, or communicable diseases or known exposures thereto and that all common vaccines available for the species have been administered as medically recommended by current standard of care.

D.V.M Signature

License Number

Date of Signature

Name of Practice

Phone Number

Practice Address

City & State

Zip Code

Comfort Canines for Christ volunteer is responsible for having the dog certified and returning this form.