

Project P.U.P. Program Health Certificate Renewal Form



Examination Date
Rabies Vaccination Date
Rabies Expiration Date
Health Certificate Expiration Date

Owner Information

Last Name	First	M.I.	Phone #
Address	City	Zip	County

Pet Information

<u>Pet Name</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Weight</u>	<u>Color</u>

This is to certify that the animal (s) described above were examined by me on the date indicated and found to be free from overt signs of infectious, contagious or communicable disease or known exposure thereto, and that vaccines for rabies for dogs and rabies for cats are current according to the manufacturer's recommendations and current medical practice.

_____	_____		
DVM Signature	DVM FL License Number		
_____	_____		
Address	City	Zip	Phone #

Project PUP Volunteer is responsible for having pet recertified annually and for retaining this form for record keeping.