



PROJECT PUP
 Pets Uplifting People

Renewal Health Certificate

Examination Date

Rabies Vaccination Date

Rabies Expiration Date

Health Certificate Expiration Date*

Owner Information

_____	_____	_____	_____
Last Name	First	M.I.	Phone #

_____	_____	_____	_____
Address	City	Zip	County

Email Address			

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 #

*Health Certificates expire one year from the date of examination or when the rabies vaccine expires, whichever is earlier.

Project PUP Volunteer is responsible for submitting renewal annually and for retaining this form for recordkeeping.