

Health Certificate

It is our intent with the Health Certificate to show that your dog is well cared for by a licensed veterinarian. As satisfaction for this page you may submit a copy of your dog's most recent up-to-date examination/vaccination by the veterinarian **OR** have your veterinarian fill out the following form.

Date of Rabies Vaccine: _____

Date of Examination: _____

Expiration Date: _____

Last Name First Name M.I. Phone Number

Address City & State Zip County

Dog's Name	Breed	Color	Age	Sex
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This is to certify that the dog described above was examined by me on the date indicated and found to be free from symptoms of infectious, contagious, or communicable disease or known exposure thereto and that all common vaccines available for the species have been administered within the past year.

D.V.M

License No.

Address

City & State

Zip

(Canines for Christ Therapy Dog Volunteer is responsible for having pet certified and returning this form)