

Doggies & Kitties For Christ

Health Certificate

Date of Rabies Vaccine: _____

Date of Examination: _____

Expiration Date: _____

Last Name	First Name	M.I.	Phone Number
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Address	City & State	Zip	County
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Pet's Name	Breed	Color	Age	Sex
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This is to certify that the pet 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. Pet has been examined and is free of fleas and ticks and has been wormed and free of parasites.

D.V.M. Signature

License No.

Address	City & State	Zip
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(Doggies and Kitties for Christ Volunteer is responsible for having pet certified and returning this form)