

Pet's Name _____ Date: _____

Owned By _____

Dog Cat Bird Other _____ Breed: _____

Male Female Spayed or Neutered Age: _____ Color: _____

Vaccinations

Canine

- Distemper
- Distemper/Measles
- (CAV-2)Hepatitis
- Lepto C & 1
- Parvo Virus
- Bordetella
- Corona Virus
- Other _____

Feline

- Panleukopenia
- Rhinotracheitis
- Calci Virus
- Leukemia
- Chlamydia
- Other _____

Vaccinations Expire: _____

Physical Examination

| | N* | A | Comments |
|---------------------------------------|----|---|----------|
| 1. General appearance | | | |
| 2. Coat/Skin/Nails | | | |
| 3. Heart/Lungs | | | |
| 4. Eyes | | | |
| 5. Ears | | | |
| 6. Teeth | | | |
| 7. Urogenital | | | |
| 8. Muscle/Bones | | | |
| 9. Temperment | | | |
| 10. Other. _____ | | | |
| 11. Evidence of flea/tick infestation | | | |

*N=Normal/A=Abnormal

Comments _____

I certify as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infections or contagious disease. Current vaccinations and spay/neuter status are as indicated above

Veterinarian's Name (print) _____

Address _____ Phone _____

Veterinarian's Signature _____ Date _____