



Pet Health Assessment Form

PET INFORMATION			
Name of Pet Owner			
Address			
Name of Pet		Species	Breed
Sex	Weight	Date of Birth	Date of Exam

VETERINARY PROVIDER INFORMATION	
Name of Veterinarian	Veterinarian's License #:
Address of Veterinarian	Veterinarian's Phone #:

VACCINATION INFORMATION		
Bordetella	Date Given:	Date Expires:
Distemper/Parvovirus	Date Given:	Date Expires:
Rabies	Date Given:	Date Expires:

Flea/Tick Prevention Treatment Administered on: _____

- On the above date, I completed a health examination on the animal listed above. At that time, I certify that the animal in question was in good health.
- On the above date, I certify that the animal is current on the recommended vaccinations.
- On the above date, I certify that there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.
- I am not aware of any bite history or any conditions, physical or behavioral, which would indicate this animal is unsuitable for public socialization.

Veterinarian's Signature:	Date:
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