

VETERINARIAN VERIFICATION FORM

This form must be submitted annually. Veterinarian completes the following information:

Veterinarian's Name and/or Clinic Name _____

Address _____

City State Zip _____

Phone Number and Fax _____

Animal Information: Owner's Name: _____

Animal's Name: _____

Animal Type and Breed: _____

Sex _____ Spayed/Neutered _____

Please check all vaccinations that are current and apply:

Canine Vaccinations

____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)

____ Bordatella

____ Rabies

____ Other: _____

Feline Vaccinations

____ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

____ FeLV (Feline Leukemia)

____ Bordatella

____ Rabies

____ Other: _____

Small mammal/reptile/etc. Vaccinations

Please list: _____

This animal does not require/need any Vaccinations

Explain: _____

- I verify the above mentioned Animal has all current vaccinations as required.
- I verify that all the above vaccinations will remain current through one year.
- I verify that the above mentioned animal has been given a stool sample test for internal parasites.
- I verify that the above animal is in general good health.

Veterinarian Signature _____

Date

Verterinarian License: _____