

## Veterinarian Verification Form

This form must be submitted annually. Please have your veterinarian complete this form.

### Provider Information

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Animal Information

Owner's Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Animal Type and Breed: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered (date): \_\_\_\_\_

### Vaccinations

Please check and date all vaccinations that are current and applicable.

#### Canine Vaccinations

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

\_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

Other \_\_\_\_\_

## Feline vaccinations

FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

\_\_\_\_\_

FeLV (Feline Leukemia) \_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

Other \_\_\_\_\_

## Signature and Acknowledgement

I verify the above-mentioned animal has all required vaccinations and that they will be current for one year. I verify that the above animal is in general good health.

Veterinarian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Veterinarian License: \_\_\_\_\_