

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: _____