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

Veterinarian License: