

VETERINARIAN VERIFICATION FORM

Veterinarian's Name and/or Clinic Name: _____

Address: _____

Phone Number: _____

Animal's Information:

Owner's Name: _____

Animal's Name: _____

Animal Type and Breed: _____

Sex: _____ Spayed/Neutered: _____

Please check all that apply:

Vaccinations

Dog: DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Corona)

Bordetella Rabies _____

Cat: Rabies FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)

_____ _____

Other: _____ _____

_____ _____

I verify the above mentioned animal has all current vaccinations as required by the city and state law.

I verify that all the above vaccinations are and will remain current through one year or as instructed by the veterinarian.

I verify that the above mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia or that the animal has been appropriately treated for these parasites. I further verify that the above mentioned animal has been treated or examined and found to be free of flea infestation.

I verify that the above animal is in general good health.

Veterinarian's Signature: _____

Date: _____