



Pets On Wheels Health Certificate



Owner's Name		Telephone Number		Animal's Name	
Address		City/State	ZIP Code	Predominant Breed	Color(s)
SPECIES		SEX		AGE	
CANINE / FELINE		MALE / FEMALE		AGE: _____	
OTHER: _____		ALTERED: YES / NO		WEIGHT: _____ PePPr	
At the time this animal was examined by me on _____ it appeared to be free of contagious skin disease and parasites.					
The result of the fecal test was: NEGATIVE POSITIVE. Date Tested: _____.					
CANINE			FELINE		
VACCINATIONS	Date Given	Expires	VACCINATIONS	Date Given	Expires
Distemper			Distemper		
Rabies			Rabies		

*** If there is a medical condition or other reason determined by your veterinarian, we can accept titers with a letter from your veterinarian stating why the titers were run and that he accepts responsibility for their accuracy. Please attach copy of the veterinarian's letter.

Veterinarian's Signature		Date	MD License Number	Telephone Number
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