



Pets on Wheels Health Certificate



Animal's Name:	Color(s):	Age:	Weight:
Species: <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER (list):	Predominant Breed:		
	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NEUTERED : <input type="checkbox"/> YES <input type="checkbox"/> NO	

Owner's Name:	Phone / email		
Address:	City / State	Zip Code	

PLEASE FILL OUT FORM COMPLETELY (INCLUDE PRIOR DATES IF VACCINES NOT GIVEN AT THIS TIME.)

Vaccinations	Date Given & Tag # for Rabies	Expiration Date; indicate vet name if given elsewhere
Distemper		
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/she accepts responsibility for their accuracy. Please attach a copy of the veterinarian's letter. **If these vaccines do not apply to this species, so indicate.**

Fecal Test	Fecal Results	Fecal Results
Date Sample Tested (expires 1 yr later): Mo/day/yr:	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE

By signing below, I certify that: At the time this animal was examined by me, on _____ (date – must be within 90 days of today), it appeared to be free of contagious skin disease and parasites.

Clinic Name & Veterinarian's Signature	Date	MD License #	Telephone Number
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ALL FIELDS MUST BE COMPLETED, even for annual updates. Keep the original with you for your visits!

Return as indicated below.

For fastest processing, email a scan or photo. Please allow 2 weeks to process.

- Anne Arundel & Prince Georges Counties: AAPG@PetsOnWheels.org
- Baltimore City / Baltimore County: Baltimore@PetsOnWheels.org
- Carroll, Allegany, Frederick, Washington, Garrett Counties: WesternMD@PetsOnWheels.org
- Harford & Cecil Counties: HarfordCecil@PetsOnWheels.org
- Howard County: Howard@PetsOnWheels.org
- Montgomery County: Montgomery@PetsOnWheels.org
- St. Mary's, Calvert & Charles Counties: SouthernMD@PetsOnWheels.org

US mail: PoW – Health Certificate / PO Box 44176 / Baltimore MD 21236