



# Health Certificate

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

<b>Owner's Name:</b>	Phone / email		
<b>Address:</b>	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
--	------	--------------	------------------

**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](mailto:AAPG@PetsOnWheels.org)
- Baltimore City / Baltimore County: [Baltimore@PetsOnWheels.org](mailto:Baltimore@PetsOnWheels.org)
- Carroll, Allegany, Frederick, Washington, Garrett Counties: [WesternMD@PetsOnWheels.org](mailto:WesternMD@PetsOnWheels.org)
- Harford & Cecil Counties: [HarfordCecil@PetsOnWheels.org](mailto:HarfordCecil@PetsOnWheels.org)
- Howard County: [Howard@PetsOnWheels.org](mailto:Howard@PetsOnWheels.org)
- Montgomery County: [Montgomery@PetsOnWheels.org](mailto:Montgomery@PetsOnWheels.org)
- St. Mary's, Calvert & Charles Counties: [SouthernMD@PetsOnWheels.org](mailto:SouthernMD@PetsOnWheels.org)

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