



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 | ALTERED : <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 | Expires |
|--------------|------------|---------|
| 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.

| 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 today's date, 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.

- Anne Arundel & Prince Georges Counties: AAPG@PetsOnWheels.org
- Baltimore City / Baltimore County: Baltimore@PetsOnWheels.org or FAX to: 410-558-6464
- 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

US mail for all the above counties: PoW – Health Certificate / PO Box 44176 / Baltimore MD 21236

- St. Mary's, Calvert & Charles Counties: SouthernMD@PetsOnWheels.org / US mail to: PoW - Health Certificate, PO Box 544, Hollywood MD 20636