



Pets-on-Wheels Health Certificate



Owner's Name		Telephone Number		Animal's Name	
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Address	City/State	ZIP Code	Predominant Breed	Color(s)
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SPECIES	SEX	AGE	SIZE
CANINE:	MALE:	3 - 12 months	Under 20 lbs
FELINE:	FEMALE:	Over 12 months	20 - 50 lbs
OTHER:	NEUTERED: YES NO	Age:	Over 50 lbs

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. If POSITIVE, it was treated with _____.

CANINE			FELINE			AVIAN
VACCINATIONS	Date Given	Expires	VACCINATIONS	Date Given	Expires	Antibiotic Treatment
Distemper/Hepatitis			Pneumonitis			Date Conducted:
Leptospirosis			Calicivirus			
Parainfluenza			Panleukopenia			
Parvovirus			Rhinotracheitis			
Rabies			Rabies			
Other:			Other:			

Veterinarian's Signature	Date	MD License Number	Telephone Number
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