

Health Certificate Form for Dogs

Dog's Information

- Name: _____
- Breed: _____
- Age: _____ Gender: Male Female
- Microchip ID: _____

Owner's Information

- Owner's Name: _____
- Contact Number: _____
- Email Address: _____

Veterinary Examination Details

- Date of Examination (MM/DD/YYYY): _____
- Veterinarian's Name: _____
- License Number: _____

Health Assessment

- Weight (kg): _____
- Overall Health Status: _____
- Vaccinations Up to Date: Yes No

Vaccination Record

Vaccine Name	Date Administered	Lot Number	Booster Due Date
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
<i>(Continue this table as needed)</i>			

Veterinarian's Statement

- Findings:

- **Certification:**

I certify that the above-named dog has been examined and is found to be in

- **Good Health** **Fair Health** **Poor Health.**

Veterinarian's Signature: _____ **Date:** _____