

# Pet Health Certificate Form PDF

## Pet Information

- Pet's Name: \_\_\_\_\_
- Species: \_\_\_\_\_
- Breed: \_\_\_\_\_
- Age: \_\_\_\_\_

## Owner's Information

- Owner's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Veterinary Information

- Veterinarian's Name: \_\_\_\_\_
- Clinic Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Examination Details

- Date of Examination: \_\_\_\_\_
- General Condition: \_\_\_\_\_
- Body Weight: \_\_\_\_\_

## Vaccination and Health Record

- Is the pet free from infectious diseases? Yes  No
- Is the pet up to date on vaccinations? Yes  No

## Vaccination Details

Vaccine Name	Date Administered	Expiry Date	Veterinarian Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>(Continue this table as needed)</i>			

## Certification

- I certify that the above details are accurate and that the pet is fit for travel/boarding.

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_