

# CERTIFICATE OF HEALTH

## CLASS DATE AND TIME:

\_\_\_\_\_

This is to confirm that:

(pet's name) \_\_\_\_\_, owned by \_\_\_\_\_,  
is current on vaccinations, in good health, and free of parasites.

The following vaccinations and tests have been given (please fill in date administered):

**DISTEMPER** (required) \_\_\_\_\_

**RABIES** (required dogs 16 weeks +) \_\_\_\_\_

**BORDETELLA** (required) \_\_\_\_\_

**LEPTOSPIROSIS** (strongly recommended) \_\_\_\_\_

**CANINE INFLUENZA** (required for day school and overnight  
boarding) \_\_\_\_\_

**FECAL TEST NEGATIVE** (required and performed by YOUR Vet, NOT  
Shelter, Breeder or Rescue Group) \_\_\_\_\_

**HEARTWORM NEGATIVE &/OR PREVENTION PROGRAM IN  
PLACE** (required) \_\_\_\_\_

**Veterinarian's Signature & Date**

\_\_\_\_\_

**Vet Clinic** \_\_\_\_\_

**Return to:**  
**JODIE VEE'S 2703 W. Clark Rd Ste 1 Champaign, IL 61822**