

CLASS DATE AND TIME:

CERTIFICATE OF HEALTH

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 for dogs 16 weeks
and older) _____

BORDETELLA (optional)

LEPTOSPIROSIS (optional)

FECAL TEST NEGATIVE (required
and performed by Vet, NOT Shelter or
Rescue Group)

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

Veterinarian's Signature & Date

Vet Clinic

Return to:

**JODIE VEE'S
PO BOX 708
Savoy, IL 61874**