



Veterinarian Summary of Health

This form will need to be completed by your veterinarian at the time of your animal's most recent exam. This exam needs to be within 30 days prior to your anticipated animal arrival date. Once completed, please also attach current proof of vaccinations and a current picture of your animal.

Name of Veterinarian Clinic: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Date of Last Exam: _____ Animal's Name: _____

Animal Owner's Name: _____ Animal Type & Breed: _____

Animal Current Weight: _____ Animal Maximum Expected Weight: _____

Animal Temperament: _____ Spayed/Neutered: _____

Vaccinations:

Dog:

- ☐ DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza)
- ☐ Rabies

Cat:

- ☐ FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)
- ☐ Rabies

I verify that all the above vaccinations are and will remain current through one year or as instructed by veterinarian.

I verify that the above-mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and *Giardia* or that the animal has been appropriately treated for these parasites. I further verify that the above-mentioned animal has been treated and/or examined and found to be free of flea infestation.

I verify that the above animal is in general good health.

Veterinarian Signature _____ Date _____