



Veterinary Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Animals Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone Number: Home: \_\_\_\_\_ FAX: \_\_\_\_\_

**VACCINATION CHECK LIST**

<u>Certificate For</u>	<u>Yes</u>	<u>Date</u>	<u>No</u>	<u>Due Next</u>	<u>Comments</u>
Annual Physical Exam					
Rabies ( <i>3 year, must be given by a Veterinarian</i> )					
DA2P-PV (3yr)					
Bordetella (annual)					
Heartworm Test (annual)					
Heartworm/Intestinal Parasite Preventative					Brand Name _____
Fecal Check (annual)					
<i>Flea/Tick Preventative</i>					Brand Name _____
<i>Leptospirosis</i> <i>(at discretion of your Veterinarian)</i>					
Vaccination Certificate attached ( <i>please attach certificate to form</i> )					
<b>***Certificate must be updated annually</b>					

**The Below is to be filled out by Veterinarian only:**

- 1- Has this animal been in a permanent home for 6 months or More? Yes - No
- 2- Does this animal react well to strangers? Yes - No
- 3- Does this animal react well to loud and or novel stimuli? Yes – No
- 4- Does this animal react in a threatening gesture to angry voices? Yes - No
- 5- Does this animal react well to being crowded? Yes - No
- 6- Does this animal react well to being patted in a vigorous or clumsy Manner? Yes – No
- 7- Does this animal react well to a restraining hug. Yes – No
- 8- Does this animal act in a threatening gesture to other animals? Yes – No
- 9- Does this animal obey the handler's commands? Yes – No
- 10-Has this animal had a history of biting? Yes – No
- 11-Has this animal been spayed or neutered? Yes - No

**STAMP OF VETERINARY OFFICE**

Date: \_\_\_\_\_

Signature of Veterinarian

\_\_\_\_\_



## ANIMAL VACCINATION CHECKLIST

CERTIFICATE FOR:	Yes	Date	No	Due Next	Comments
<b>Rabies</b> <i>(3 year, must be given by Veterinarian)</i>					
<b>Distemper</b>					
<b>Hepatitis</b>					
<b>Para Influenza &amp; Parvo-Virus</b>					
<b>Annual Check-Up</b>					
<b>Fecal Check</b> <i>(even if on Heartworm Medication)</i>					
<b>Heartworm Check and/or list preventative medication</b>					
<b>Leptospirosis</b> <i>(at discretion of your Veterinarian)</i>					
<b>Vaccination Certificate Attached:</b>					
<b>VACCINATION CERTIFICATE FOR OTHER THAN CANINE ATTACHED:</b>					
<b>Animal Type:</b>					
<b>ANIMAL IS DISEASE FREE:</b>					

**VETERINARIAN SIGNATURE & DATE:**