



VETERINARIAN HEALTH EXAMINATION
Certification of Animal Health

Medical History – Surgeries, hospitalizations etc. (Attach additional sheet if needed)

Vaccination History

Bold vaccinations/titers and exams/tests are required. Others are at the discretion of treating veterinarian.

	<u>Date Given (VACCINES)</u>	<u>Date Due</u>
	OR	
	<u>Date Results Received (TITERS)</u>	
Bordetella	_____	_____
Corona Virus	_____	_____
Distemper	_____	_____
Hepatitis	_____	_____
Leptospirosis	_____	_____
Lyme	_____	_____
Parainfluenza	_____	_____
Parvovirus	_____	_____
Rabies	_____	_____

Other History

Fecal exam (by flotation or zinc sulfate centrifugation technique)

Every 6 -12 months Date done: _____ Results: _____

Heartworm Test Date done: _____ Results: _____

External and internal parasite control: _____

Medications currently in use: _____
