

## Veterinarian Verification Form

**Please complete the following information:**

Veterinarian's Name and/or Clinic Information:

Address:

City, State, Zip:

Phone and Email or Fax:

**Animal's Information:**

Owner's Name:

Animal's Name:

Animal Type and Breed:

|      |      |        |                  |     |    |
|------|------|--------|------------------|-----|----|
| Sex: | Male | Female | Spayed/Neutered: | Yes | No |
|------|------|--------|------------------|-----|----|

**Please check all that apply:**

General Well Check Completed

Canine vaccinations:

DHLPP+C (Distemper, Hepatitis Leptospirosis, Parvovirus, Parainfluenza, Corona)

Bordatella

|                                      |          |            |
|--------------------------------------|----------|------------|
| Rabies (Please indicate 1 or 3 year) | One Year | Three Year |
|--------------------------------------|----------|------------|

Feline vaccinations:

FVRCP (Panleukopenia, Rhinotracheitis (Herpes), Calicivirus, Chlamydia)

FeLV (Feline Leukemia)

|                                      |          |            |
|--------------------------------------|----------|------------|
| Rabies (Please indicate 1 or 3 year) | One year | Three year |
|--------------------------------------|----------|------------|

I verify the above mentioned animal has all current vaccinations as required.

I verify that all the above vaccinations will remain current through at least one year.

I verify the above mentioned animal has been given a stool sample test for internal parasites.

I verify that the above animal is in good health.

Veterinarian Signature:

Date:

**\*All required county licenses must be up to date and submitted with this form.**