



Veterinarian Pet Reference

Pet Name: _____ Date: _____

Owned by: _____

Dog Cat Bird Other Breed: _____

Male Female Spayed/Neutered Age: _____ Color: _____

Weight: _____ If Puppy, Average Weight at Maturity: _____

VACCINATION

Canine

- ___ Distemper
- ___ Distemper/Measles
- ___ (CAV-2) Hepatitis
- ___ Lepto C & 1
- ___ Parvo Virus
- ___ Bordetella
- ___ Corona Virus
- ___ Other: _____

Feline

- ___ Panleukopenia
- ___ Rhinotracheitis
- ___ Calci Virus
- ___ Leukemia
- ___ Chlamydia
- ___ Other: _____

Vaccinations Expire: _____

PHYSICAL EXAMINATION

	Normal	Abnormal	Comments
General Appearance	___	___	_____
Coat/Skin/Nails	___	___	_____
Heart/Lungs	___	___	_____
Eyes	___	___	_____
Ears	___	___	_____
Teeth	___	___	_____
Urogenital	___	___	_____
Muscle/Bones	___	___	_____
Temperament	___	___	_____
Other: _____	___	___	_____

Evidence of Flea or Tick infestation? ___Yes ___ No

COMMENTS:

I certify as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infections or contagious disease. Current vaccinations and spay/neuter status are as indicated above.

Veterinarian's Name (Print): _____

Address: _____

Phone: (_____) _____

Veterinarian's Signature _____ Date: _____

