



PET HEALTH CERTIFICATE

PET'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

Volunteer/Pet Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

CANINE DESCRIPTION

Gender \_\_\_ Age \_\_\_ Weight \_\_\_ Breed \_\_\_\_\_ Altered? Y or N  
Current Test and Vaccination Record (including dates)  
DHLPP: Date \_\_\_\_\_  
RABIES: Date \_\_\_\_\_ (please include certificate)  
Date of last fecal exam: \_\_\_\_\_ Result: \_\_\_\_\_  
Date of Last heartworm test: \_\_\_\_\_ Result: \_\_\_\_\_

I hereby certify that I have examined the above animal and find that he/she is free from any apparent signs of contagious or infectious disease as well as apparently free from internal and external parasites. I am aware that this pet will be visiting various health care facilities as part of the Divine Canines Pet Therapy Program.

Signature of *Veterinarian* \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that I will be responsible for securing health check-ups that include the above considerations for my animal on no less than an annual basis and obtain the relevant documentation of same as long as my animal is participating in the Divine Canines Pet Therapy Program.

Signature of *Volunteer/Animal Guardian* \_\_\_\_\_ Date \_\_\_\_\_