

Veterinarian Health Report

Pet's Name: _____ Date: _____

Owned By: _____

Dog Cat Bird Other Breed: _____

Male Female Spayed or Neutered Age: _____ Color: _____

Vaccinations

Canine

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

Other: _

Feline

- Panleukopenia
- Rhinotracheities
- Calci Virus
- Leukemia
- Chlamydia

Other: _____

Physical Examination

	N*	A	Comments
General appearance			
Coat/ skin/ nails			
Heart/ Lungs			
Eyes			
Ears			
Teeth			
Urogenital			
Muscle/Bones			
Temperament			

*N=Normal/A=Abnormal

Other: _____

Evidence of flea/ tick infestation: Yes No

Comments

I certify as an accredited veterinarian licensed to practice in the Province of British Columbia, that the above described animal has been examined by me on this date shown 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: _____