

Fairfax Pets On Wheels Health Certificate

Date of Rabies: _____

1 yr. 3 yr.(Circle One)

Animal Name: _____

Age: _____

Species: _____

Wt: _____

Sex: M F N S (Circle One) Breed/Type: _____

Color: _____

I hereby certify that I have examined the above described animal on _____ (date) and find same to be free from visible symptoms of contagious, infectious, communicable disease, internal parasites, and this pet has the current vaccinations I recommend for this species. I know of no medical reason this pet is not suitable for nursing home/hospital visitation.

Veterinarian Signature: _____

License #: _____

Animal Hospital Name and Address and Telephone (Stamp):

Animal Owner Name: _____

Address:

Contact Phone #: _____

FPOW Volunteer Name (if different from owner):

Contact Phone #: _____