

Name of Clinic Here  
Address  
Phone

Logo Here  
(if wanted)

# PROOF OF VACCINATION FORM

File No. \_\_\_\_\_

Pet Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Pet Owner's Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered:  Yes  No DOB: \_\_\_\_\_

This animal has been vaccinated for:

## Dogs:

- |  |             |                     |
|--|-------------|---------------------|
| <input type="checkbox"/> DHPP          | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Bordatella    | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Rabies        | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Leptosporosis | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Lyme          | Date: _____ | Date Expires: _____ |

## Cats:

- |   |             |                     |
|---|-------------|---------------------|
| <input type="checkbox"/> FVRCP            | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Rabies           | Date: _____ | Date Expires: _____ |
| <input type="checkbox"/> Feline Leukemia. | Date: _____ | Date Expires: _____ |

I certify that (pet's name) \_\_\_\_\_ is current on the vaccinations checked above.

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

### Notes:
