

# HEALTH CERTIFICATE

This is Certify that Dog \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Breed \_\_\_\_\_ belongs to Mr./Mrs./Miss \_\_\_\_\_  
has undergone medical examination and observation as mentioned below.

Tick and Flea		
Tick	Yes	No
Flea	Yes	No
Last Treatment Date		
Name of the Treatment		

Deworming	
Treatment Date	
Name of the Medicine	
No Of Tablets	
Repeated Dose if Required	

Skin			
	Yes	No	Specify
Infection			
Dry Skin			
Scabs			
Dandruff			
Medicine Dose			

Eye			
	Yes	No	Specify
Infection			
Medicine Dose			

Ear			
	Yes	No	Specify
Infection			
Medicine Dose			

<b>Vaccination in last 12 Months</b>	
DHPII	
Rabies	
Corona	
Kennel Cough/Bordetella	
Other	
Any upcoming Vaccination	

<b>General Information</b>	
Previous Medical History	
Any Medication or Follow up, if any	
Allergies, if any	

After all, required clinical examination this dog is certified to be fit for boarding. In case of any medical emergency the boarding facility is can contact me.

<b>Name</b>	
<b>Date</b>	
<b>Contact</b>	

Dog Owners Signature

Authorized Signature