



PETS ON WHEELS of Scottsdale, Inc.

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Sharing Our Pets Love
since 1990

PET HEALTH CERTIFICATE PET'S NAME: _____ DATE: _____

Owner's name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____

Type: Male _____ Female _____ Dog: _____ Cat: _____ Bird: _____ Other: _____

Age: _____ Predominate Breed: _____ Weight: _____ # Color: _____

Veterinarian to fill out information below:

(1) Last rabies inoculation: _____ Next rabies shot due: _____

(2) This animal was examined on: _____ and is in good general health and free of diseases and parasites: **YES** [☐] **NO** [☐] (MM/DD/YY)

(3) The result of the fecal examination was **Negative** [☐] **Positive** [☐]

If the result was **Positive**, the animal was treated with: _____

(4) This dog or cat has been either neutered or spayed: **YES** [☐] **NO** [☐]

Additional Vaccination Dates, if any: (for the pet's welfare)

Distemper: _____ Caliciviral: _____ Adenovirus _____
Hepatitis: _____ Panleukopenia _____ Parvovirus _____

Notes: _____

Veterinarian's evaluation of animal's suitability for **Pets on Wheels** Program:

Excellent [☐] Good [☐] Fair [☐]

Veterinarian's Name (Print): _____ Arizona License #: _____

Signature: _____ Phone #: _____ Date: _____

Thank you for helping with this community service! Veterinarians: **Issue one copy, keep one copy.**

Volunteers: Send **one copy of this certificate and a current pet license** to Pets On Wheels via health@petsonwheelsscottsdale.org.