PETS ON WHEELS of Scottsdale, Inc
1700 North Granite Reef, Scottsdale, Arizona 85257
www.petsonwheelsscottsdale.org
health@petsonwheelsscottsdale.org

PET HEALTH CERTIFICATE

PET'S NAME: _____DATE: _____

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

Address: _____City: _____ State: ____ Zip Code: _____

E-mail: _____☐ Check if any information is changed or new

Emergency Contact _____Phone _____

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 health for Pets on Wheels Program: Yes [ ] No [ ] Explain_____

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 at health@petsonwheelsscottsdale.org and hand carry a copy of each to your assigned facility.

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