

Health Certificate Information Form

1. Owner/Consignor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

2. Consignee/Address of Destination

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State of Destination: _____

Total number of animals to this destination: _____

Animal Information

If your pet's vaccinations have been done at our clinic, we would be happy to fill in this section for you. If they were done by you or a breeder, please fully provide information appropriate to your dog's age.

Name, Collar, Tattoo/Microchip: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

Vaccine Information:

Rabies Vaccine Type: Killed Virus or Live Virus and 1 year or 3 year

Rabies Manufacturer: _____ Serial Number: _____

Rabies Vaccination Date: _____

Distemper product: _____ Vaccination Date: _____

Other vaccination product: _____ Vaccination Date: _____

Name, Collar, Tattoo/Microchip: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

Vaccine Information:

Rabies Vaccine Type: Killed Virus or Live Virus and 1 year or 3 year

Rabies Manufacturer: _____ Serial Number: _____

Rabies Vaccination Date: _____

Distemper product: _____ Vaccination Date: _____

Other vaccination product: _____ Vaccination Date: _____

Please fax this form to us prior to your visit for health examination, (316) 722-4172, or e-mail it to us at doghouse@bogueanimalhospital.com.