

Health Certificate for UF Health Jacksonville Volunteer Dog Therapy Program

Volunteer Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Dog's Name _____ Age _____ Sex _____ Breed _____

Color _____ Date of last examination _____

To Be Filled Out by Veterinarian

This is to certify that the dog described above was examined by me on the date indicated and found to be free from symptoms of infections, contagious or communicable disease or known exposure there to, and a vaccination record is provided documenting core vaccinations – Rabies, Distemper, Parvovirus and Adenovirus (canine hepatitis). The following non-core vaccinations are preferred, but not required – Parainfluenza, Bordetella (kennel cough), Leptospirosis, and Lyme disease. Record also reflects a negative fecal exam was performed in the last year.

Veterinarian Signature

Address _____

Phone _____ Florida License Number _____

NOTE OF GOOD TEMPERAMENT FROM VETERINARIAN:

