



Renewal Health Certificate

Owner Information

Last Name First M.I. Phone Number

Address City St Zip County

Email Address

Pet Information

Pet Name Breed Date of Birth Sex Weight Color

(1 Pet per form please)

This is to certify that the animal(s) described above were examined by me on the date indicated and found to be free from overt signs of infectious, contagious, or communicable disease or known exposure thereto, fleas and that vaccines for rabies for dogs and rabies for cats are current according to the manufacturer's recommendations and current medical practice.

DVM Signature DVM Signature Date DVM FL License Number

Address City State ZIP Phone Number

***Health Certificate expires one year from the date of examination or when the rabies vaccine expires, whichever is earlier.**

Project PUP Volunteer is responsible for submitting renewal annually and for retaining this form for recordkeeping.