

## VETERINARY CERTIFICATE OF HEALTH

**Animal Name:** \_\_\_\_\_

**Date / Year of Birth:** \_\_\_\_\_

**Microchip Number:** \_\_\_\_\_

**Breed & Colour:** \_\_\_\_\_

**Sex:**                    **Male / Female**     **(delete as appropriate)**

I certify that on \_\_\_\_\_ I examined the abovementioned animal(s) described in the schedule and found them to bear the identifying marks or microchip numbers described and to be of the age stated. I further certify that the animal(s) appear to be in a state of good health with no sign of infection or disease and have found the temperature, heart rate and respiratory rate to be within normal limits. Auscultation of the heart and lungs revealed no abnormal sounds and I confirm normality of conformation and locomotion.

**Any other comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_     **Date of examination:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (PLEASE PRINT)

**Practice name and address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_