



Butte Humane Society Animal Assisted Wellness Program
2580 Fair St. Chico 95928
(530) 343-7917 x 107 rachelagostino@buttehumane.org

Certificate of Health

To be completed by: *Pet's Guardian/ Handler*

Name: _____ Phone: _____

Address: _____

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I hereby certify that, for as long as my pet participates in the BHS Animal Assisted Wellness Program, I will be responsible for securing health check-ups for him/ her on no less than an annual basis, obtaining documentation of those check-ups and all vaccinations and tests, ensuring that the results of each check-up are accurately documented on this Certificate of Health, and promptly sending the current Certificate of Health to the AAW Department on an ongoing basis.

Signature of Pet's Guardian/Handler:

To be completed by: *Veterinarian*

Name: _____

Clinic: _____

Address: _____

Phone: _____

Pet Cat: _____ Dog: _____ Rabbit: _____ Guinea Pig: _____ Other: _____

Name: _____ Sex: _____ Age: _____ Weight: _____

Breed: _____

Is the Pet Surgically Altered: Yes No

Annual De-wormer (Required for Cats and Dogs)

Annual De-wormer Administered on ____ / ____ / ____

Current Vaccination Record:

Dog

Rabies (Required):

Given on: ____ / ____ / ____ Expires on: ____ / ____ / ____

DHLPP:

Given on: ____ / ____ / ____ Expires on: ____ / ____ / ____

Cat

Rabies (Required):

Given on: ____ / ____ / ____ Expires on: ____ / ____ / ____

FVRCP:

Given on: ____ / ____ / ____ Expires on: ____ / ____ / ____

I hereby certify that I have examined the above animal and find that he/she is free from any apparent signs of contagious disease, infectious disease internal parasites, and external parasites, and that the health information recorded above is correct. I have no reason to believe that the above animal has health problems that could pose a risk to him/her in the course of visiting various health care facilities as part of the Butte Humane Society Animal Assisted Wellness Program.

Signature of Veterinarian:
