



**Comfort Canines for Christ**

40071 Drude Road  
Ponchatoula, LA 70454

 *It's not about the dogs.*

## Health and Vaccination Certificate

Date of Rabies Vaccination: \_\_\_\_\_ Expiration of Rabies Vaccination: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_ Date of Last Parasite Test: \_\_\_\_\_

New or chronic medical issues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner's Last Name	Owner's First Name	Owner's Middle Initial
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M / F

Dog's Name	Breed	Color(s)	Age	Weight	Sex
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Neutered/Spayed: Yes / No      Oral Health: Satisfactory / Unsatisfactory

This is to certify that the dog described above was examined by me on the date specified and found to be free from symptoms of infectious, contagious, or communicable diseases or known exposures thereto and that all common vaccines available for the species have been administered as medically recommended by current standard of care.

D.V.M Signature	License Number	Date of Signature
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Name of Practice	Phone Number
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Practice Address	City & State	Zip Code
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Comfort Canines for Christ volunteer is responsible for having the dog certified and returning this form.