



COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.
P.O. BOX 5006 • SCOTTSDALE, ARIZONA • 85261-5006 • (602) 258-3306

ANNUAL VETERINARY HEALTH CHECK-UP

NAME OF OWNER (Please Print) _____

PET NAME _____ BREED _____ BIRTH DATE OR AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ E-MAIL ADDRESS _____

THIS SECTION TO BE COMPLETED BY YOUR VETERINARIAN

NAME OF VETERINARIAN _____ DATE OF EXAMINATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ E-MAIL ADDRESS _____

VACCINATIONS:

RABIES - - - DATE INJECTION GIVEN _____ EXPIRES _____ LICENSE NO. _____

ANNUAL NEGATIVE FECAL EXAM (MANDATORY) Date _____

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE DOG AND TO THE BEST OF MY KNOWLEDGE FIND THE ANIMAL PHYSICALLY HEALTHY AND ADEQUATELY PROTECTED AGAINST INFECTIOUS DISEASES. IT IS ALSO MY BELIEF THE THIS DOG WILL DEMONSTRATE THAT IT IS MENTALLY CAPABLE OF VISITING CARE FACILITIES, INCLUDING THOSE THAT SERVE DISABLED AND DEMENTIA RESIDENTS.

Additional comments:

VETERINARIANS SIGNATURE _____ DATE _____