



Human Animal Bond
Ft. Leavenworth, KS



HAB Animal Partner Annual Health Certificate

Member Information

Name: _____

Address: _____

Telephone #: _____ Email Address: _____

Animal Partner Information

Name: _____ Species and Breed: _____

Gender (M/F): _____ Age: _____ Weight: _____

Spayed/Neutered (Y/N): _____ Microchip (Y/N): _____ Chip #: _____

Animal Health Information

Rabies Vaccination (must be current)

Type: _____ Brand: _____ Lot/Serial#: _____

Date Administered: _____ Date Due Revaccination: _____

Heartworm Test (annually, **dogs only**)

Test Date: _____ Heartworm Negative (Y/N): _____ Heartworm Preventative (Y/N): _____

Fecal Examination (annually)

Date: _____ Results/Free of Internal Parasites (Y/N): _____

Skin/Coat

Generally Healthy and Free of Parasites (Y/N): _____ Flea & Tick Preventative (Y/N): _____

Dental/Teeth and Gums

Generally Healthy, No Periodontal Disease (Y/N): _____

Fel/FIV Test (annually, **cats only**)

Test Date: _____ Results Negative (Y/N): _____ Broad Spectrum Dewormer (Y/N): _____

Veterinarian Information

Name: _____

Veterinary License #: _____

Veterinary Practice Name: _____

Address: _____

Telephone #: _____

I certify that I have examined the listed animal and found the animal to be in good health and free of significant clinical medical problems. The animal's rabies vaccination is current, heartworm test (dogs only) or FelV/FIV test (cats only) is negative, and it is free of internal and skin related parasites.

Signature: _____

Date: _____