

## Instructions for Veterinarian's Statement of Examination (Health Certificate)

1. Leave the box at the top of the page where it is asking for Producer's information and Applicant's information empty.

Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
--	--

2. The veterinarian should fill out name and the day that the examination is done as well as the dog's name. **Write the dog's microchip number after the dog's name.**

I, \_\_\_\_\_ hereby certify that I have this \_\_\_\_\_ day of \_\_\_\_\_ examined the following animal at rest and in motion:  
 (Please Print Name)

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

3. The veterinarian should fill out how long he/she has been seeing the dog. If this is the first examination, please write "First Examination". Then the veterinarian should answer each Yes or No question based on the examination. **Please note that Question F asks if "There are any signs of lameness or incoordination".**

1. How long have you been the veterinarian for the above animal? \_\_\_\_\_
2.
  - a. Do both eyes of the animal appear clinically normal without drainage? .....  Yes  No
  - b. Do the lungs and heart sounds fall within normal ranges? .....  Yes  No
  - c. Does the hair coat appear to be smooth and shiny? .....  Yes  No
  - d. Have you examined the animal without the aid of chemical restraint? .....  Yes  No
  - e. Do the feet appear to have normal growth? .....  Yes  No
  - f. Are there any signs of lameness or incoordination? .....  Yes  No

If No to any of the above, please give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. The veterinarian should answer each Yes or No question based on the examination. **Please note that Question E asks if “The animal is routinely wormed or vaccinated?”**

- 3. a. Does there now exist, or has there recently been any infectious disease in animals area?.....  Yes  No
- b. Does the animal have any history or evidence of liver flukes? .....  Yes  No
- c. Does the animal have any physical deformities, disease, or infection? .....  Yes  No
- d. Does the animal examined show any symptom of previous sickness, disease, or injury? .....  Yes  No
- e. Is the animal routinely wormed or vaccinated? .....  Yes  No
- f. Does the animal receive any other medication?.....  Yes  No
- g. Does the animal exhibit any respiratory or circulatory distress? .....  Yes  No
- h. Is the animal pregnant? If Yes, give the expected date of birth below. ....  Yes  No
- i. If the animal is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? .....  Yes  No

If Yes to any of the above, please give details.

5. In this step the veterinarian should give a brief history of any major surgery and/or treatment for the animal. If there has been no such surgery or treatment, please write “None”.

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal listed during the last year

6. The veterinarian should sign, date and put his/her phone number and address at the bottom of the form.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterinarian's Signature	Date	Telephone Number
Veterinarian's Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

& 9 " . 1 - &

**EXAMPLE**

**MICROCHIP CERTIFICATE**

This certifies that Fido, a Border Collie  
(name of pet) (indicate breed)

**has been implanted with a microchip.**

**MICROCHIP ID #:**

123 456 789 123 456  
(place microchip barcode sticker here / write microchip ID # here)

**OWNER OF PET:**

Jane Doe

**OWNER'S ADDRESS:**

456 Main Street, Weatherford, TX 76086

**NAME AND SIGNATURE OF VETERINARIAN:**

Dr. John Doe 