

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 _____
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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.

Veterinarian's Signature Date Telephone Number

Veterinarian's Address:

EXAMPLE

VETERINARIAN'S STATEMENT OF EXAMINATION For Species Other than Horses and Cattle



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

I, Dr. John Doe hereby certify that I have this 18 day of 08 examined the following animal at rest and in motion:
(Please Print Name)

Animal Name: Fido Microchip #: 123 456 789 123 456

1. How long have you been the veterinarian for the above animal? 1 year
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. No signs of lameness or incoordination.

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.

The dog is routinely wormed and vaccinated.

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 None

[Signature] 8/18/2021 123-456-7890
Veterinarian's Signature Date Telephone Number

Veterinarian's Address: 123 Main Street
Weatherford, TX 76086

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 