Pets On Wheels Of Delmarva, Inc.

Health Certificate

Animal's Name:	Color(s):	Age:	Weight:
Species: ☐CANINE ☐OTHER	Predominant Breed: **SEX:** ☐ MALE ☐ FEMALE	**NEUTERED:** ☐ YES ☐ NO	

Owner's Name:	Phone / email	
Address:	City / State	Zip Code

PLEASE FILL OUT FORM COMPLETELY (INCLUDE PRIOR DATES IF VACCINES NOT GIVEN AT THIS TIME.)

Vaccinations*	Date Given & Tag # for Rabies	Expiration Date; indicate vet name if given elsewhere
Distemper		
Rabies		

If there is a medical condition or other reason determined by your veterinarian, we can accept titers with a letter from your veterinarian stating why the titers were run and that he/she accepts responsibility for their accuracy. Please attach a copy of the veterinarian's letter.* ***If these vaccines do not apply to this species, so indicate.*

Fecal Test**	Fecal Results	Fecal Results
Date Sample Tested (expires 1 yr later): Mo/day/yr:	☐ NEGATIVE	☐ POSITIVE

*****first fecal test for new applicants/pets needs to be within 8 weeks of submission of this form***

By signing below, I certify that: At the time this animal was examined by me, on _____ (date – must be within 90 days of today), it appeared to be free of contagious skin disease and parasites.

Clinic Name & Veterinarian's Signature	Date	MD License #	Telephone Number

ALL FIELDS MUST BE COMPLETED, even for annual updates. Keep the original with you for your visits!

Return as indicated below. For fastest processing, email a scan or photo. Please allow 2 weeks to process.

- **Delaware**: marez011@aol.com
- **Worcester** vacant
- **Wicomico & Worcester Counties**: virginialawrence@comcast.net
- **Kent County:** petsonwheelsdelmarva@gmail.com
- **Dorchester County:** burtonl47@hotmail.com
- **Queen Anne's and Caroline Counties** plosila@atlanticbb.net
- **Talbot County:** jcullen48@aol.com