

Annual Veterinary Certification

Please use one form per dog. Thank you!

Dog's Name: _____ Breed: _____ Age: _____

Handler's Name (First & Last): _____

Address: _____

City/Town: _____ Province: BC Postal: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Your dog's veterinarian is required to fill in the following information.
The following core, required vaccinations must be administered annually or triennially.

Required Vaccinations	Date Administered	Date to be Re-Administered
<input type="checkbox"/> Distemper*		
<input type="checkbox"/> Adenovirus*		
<input type="checkbox"/> Parvovirus*		
<input type="checkbox"/> Rabies		

*In lieu of annual or triennial vaccinations for distemper, adenovirus and parvovirus, Pets and Friends will accept annual antibody titre tests with adequate results for each. Please fill out the date each antibody titre test was performed and the due date of the next date antibody titre test in the above chart and submit a written letter indicating proof of the results. Please note: Titre testing is not accepted for rabies.

I verify that to the best of my knowledge, the above-mentioned dog is healthy, clean, and physically able to participate in a visiting program to senior's facilities, hospitals, and colleges as members of the Pets and Friends Pet Therapy Program.

Veterinarian's Signature: _____ Date: _____

Veterinarian's Name (Please Print): _____ Phone: _____

Stamp or Address of Veterinarian Clinic: _____