



Karma Dogs Health Certificate

Owner's Name	Telephone Numbers: H- C-	Animal Name
Address	City /State/Zip	Predominant Breed/Color

SEX	ALTERED	AGE	WEIGHT

At the time this animal was examined by me on _____ it appeared to be free of contagious skin diseases and parasites.

The results of the fecal test was: **NEGATIVE POSITIVE**
If positive, it was treated with _____.

VACCINATIONS	Date Given	Expires
Distemper/Hepatitis		
Leptospirosis		
Parainfluenza		
Parvovirus		
Rabies		
Other:		

Veterinarian's Signature	Date	MD License Number	Phone Numbers