



Pet Pals  
Canine Health Examination and Certificate

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Owner's Name \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F \_\_\_ N Color \_\_\_\_\_

Weight \_\_\_\_\_ Special Markings \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Veterinarian's Address \_\_\_\_\_

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PHYSICAL EVALUATION (please note abnormalities on a separate sheet)

1. General condition/cleanliness	N	Abn
2. Head (eyes, ears, nose, neck)	N	Abn
3. Oral cavity	N	Abn
4. Lymph nodes	N	Abn
5. Urogenital	N	Abn
6. Integument (particular attention to mange)	N	Abn
7. Musculoskeletal	N	Abn
8. Neural System	N	Abn
9. Abdominal palpation	N	Abn
10. Auscultation	N	Abn

I have found the dog to be free of any infections or contagious disease, and any endoparasites (worms or other intestinal parasites) as well as ecto-parasites (fleas, ticks, lice or mange).

The routine fecal exam (must be within the last month) results were: \_\_\_\_\_

The date of last DHLPP Booster \_\_\_\_\_

Rabies expiration Date \_\_\_\_\_

Heartworm Check: Date \_\_\_\_\_ Results \_\_\_\_\_

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Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_