

**CERTIFICATE OF HEALTH**  
**FOR A COMPANION ANIMAL WORKING AS PART OF THE SF/SPCA AAT DEPARTMENT**

**Pet's Guardian (Volunteer)**

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

I hereby certify that, for as long as my pet participates in the SF/SPCA Animal Assisted Therapy Program, I will be responsible for securing health check-ups for him/her on no less than an annual basis, obtaining documentation of those check-ups and all vaccinations and tests, ensuring that the results of each check-up are accurately documented on this Certificate of Health, and promptly sending the current Certificate of Health to the Animal Assisted Therapy Program on an ongoing basis.

Signature of Pet's Guardian (Volunteer) \_\_\_\_\_ Date \_\_\_\_\_

**Pet**    CANINE ( )    FELINE ( )    AVIAN ( )    RODENT/RABBIT ( )    REPTILE ( )

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_

Is the pet surgically altered? (REQUIRED FOR CANINES, FELINES, AND RODENTS)                      YES                      NO

Annual fecal test to check for internal parasites (REQUIRED FOR CANINES AND FELINES)

Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_    Result: \_\_\_\_\_

Current Test and Vaccination Record

*CANINE ONLY:*

RABIES (REQUIRED):                      Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_                      Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

DHLPP (RECOMMENDED):                      Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_                      Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the dog been kept on heartworm medication continuously? (RECOMMENDED)                      Yes                      No

*FELINE ONLY:*

FVRCP (REQUIRED):                      Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_                      Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

*AVIAN ONLY:*

Annual Psittacosis Exam (REQUIRED):    Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_    Result: \_\_\_\_\_

**Veterinarian**

Name and Clinic \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

I hereby certify that I have examined the above animal and find that s/he is free from any apparent signs of contagious disease, infectious disease, internal parasites, and external parasites, and that the health information recorded above is correct. I have no reason to believe that the above animal has health problems that could pose a risk to him/her in the course of visiting various health care facilities as part of the SF/SPCA Animal Assisted Therapy Program.

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_\_