

# Fairfax Pets On Wheels, Inc. Health Certificate

All cat and dog volunteers participating in the Fairfax Pets on Wheels, Inc. program must have a valid rabies vaccination.

Date of Rabies: \_\_\_\_\_ 1 yr. 3 yr.  
(Circle One)

Animal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Species: \_\_\_\_\_ Wt.: \_\_\_\_\_

Sex: M F N S (Circle One) Breed/Type: \_\_\_\_\_ Color: \_\_\_\_\_

I hereby certify that I have examined the above described animal on \_\_\_\_\_ (Date) and find same to be free from visible symptoms of contagious, infectious, communicable disease, internal parasites, and this pet has the current vaccinations I recommend for this species. I know of no medical reason this pet is not suitable for nursing home/hospital visitation.

## Veterinarian Signature:

\_\_\_\_\_ License #: \_\_\_\_\_

Animal Hospital Name and Address and Telephone (Stamp):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Animal Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

FPOW Volunteer Name (if different from owner): \_\_\_\_\_

\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**This certificate should be renewed on this form annually.**

When completed, please send this certificate to:

Fairfax Pets on Wheels  
c/o Health Certificate  
12011 Government Center Parkway, Suite 708  
Fairfax, VA 22035-1104

Fax: 703-324-3583