

DTS Annual Verification of Vaccination/Health Information
(completed by licensed veterinarian)

Name of student: _____

Name of veterinarian: _____

Title and license number: _____

Office phone number: _____

Office physical address: _____

Species/breed of animal: _____ Chip# _____

Approximate measurements of animal:

Length (inches): _____ Height (inches): _____

Weight (pounds): _____ Age in years: _____

Date you last examined this animal: _____

When was this animal last vaccinated or determined to be in good health?* _____

***Please attach vaccination certificate/shot records or health records (if vaccination not required)**

In your opinion, is this animal healthy? Yes No

Does the animal have fleas, ticks, other parasites? Yes No

Would the animal function well enclosed in a room for long periods of time? Yes No

Does the animal have rabies or any other condition that could harm humans? Yes No

Is there anything else you would like us to know about this animal?

Signature of veterinarian: _____ Date: _____