

Companions for the Soul  Therapy Animal Certificate of Health

Please have your veterinarian fill out this form yearly at your animal's annual health check up

Send a copy of this report to CFTS

PO Box 791, Redwood City, CA 94064 ■ phone 415 845 3862 ■ email CFTSaot@aol.com ■ CompanionsForTheSoul.org

**Volunteer/Animal Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ email: \_\_\_\_\_

**Animal Description**  CANINE  FELINE  AVIAN  RODENT/RABBIT

Animal's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Color: \_\_\_\_\_

Breed \_\_\_\_\_ Altered  yes  no

**Health Record** Please attach copies of your vet billing of items listed below and vet's health evaluation to this sheet.

**CANINE**

**DHLPP:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ **RABIES:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TITER TESTING:**  No  Yes, Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Be sure to attach copies of testing results.

**FELINE**

**FVRCP:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ **RABIES:** Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I hereby certify that I have examined the above animal and find that she/he is free from any apparent signs of contagious or infectious disease, as well as apparently free from internal and external parasites. I am aware this animal will be visiting various health care and children's facilities as part of the CFTS Animal Assisted Therapy/Activities Program.*

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

*I hereby certify that I will be responsible for securing health check-ups that include the above considerations for my animal on no less than an annual basis and will obtain and forward copies to CFTS of the relevant documentation of same as long as my animal is participating with the CFTS Animal Assisted Therapy/Activities Program.*

Signature of **Volunteer/Animal Guardian** \_\_\_\_\_ Date \_\_\_\_\_