

Veterinary Health Form

- 1) Tenant Name _____
- 2) Animal name and Breed _____
- 3) Date of Rabies Vaccine Given _____
- 4) Date of Distemper Vaccine Given _____
- 5) Has this animal received all other vaccines that you would normally recommend for this breed of animal?

Veterinarian to initial response: Yes _____ No _____

If response is "No" , Please attach explanation.

Veterinary Professional's License Information

Name : (Printed) _____

License Number: _____

Date Issued: _____

State Where License Issued: _____

Name of Practice: _____

Phone: _____

Signature: _____ Dtd. _____