



## Paws for People®

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### Veterinary Certification

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Tel: \_\_\_\_\_ ID: \_\_\_\_\_

Patient: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This is to confirm that \_\_\_\_\_ was examined at \_\_\_\_\_

\_\_\_\_\_ VETERINARY CLINIC

(S)he was found to be in excellent overall health and condition. No communicable diseases or parasites were found. All clinical parameters were normal.  
Vaccination & de-worming history was available for scrutiny.

Vaccinated 5 in one & rabies (date) \_\_\_\_\_

Booster due: \_\_\_\_\_

De wormed (broad spectrum) as per schedule

Signed: \_\_\_\_\_ (Veterinarian)