



COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.  
P.O. BOX 5006 • SCOTTSDALE, ARIZONA • 85261-5006 • (602) 258-3306

### ANNUAL VETERINARY HEALTH CHECK-UP

NAME OF OWNER (Please Print) \_\_\_\_\_  
PET NAME \_\_\_\_\_ DOG \_\_\_ CAT \_\_\_ BREED \_\_\_\_\_  
BIRTH DATE OR AGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ COUNTY LICENSE NO. \_\_\_\_\_

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#### **THIS SECTION TO BE COMPLETED BY YOUR VETERINARIAN**

NAME OF VETERINARIAN \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
OFFICE PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

#### **VACCINATIONS:**

**RABIES** --- DATE VACCINATION GIVEN \_\_\_\_\_ EXPIRES \_\_\_\_\_  
**LEUKEMIA** <mandatory for cats only>—DATE VACCINATION GIVEN \_\_\_\_\_ EXPIRES \_\_\_\_\_  
**TESTED FOR LEUKEMIA** <cats only>: Y or N (circle one)  
**ANNUAL NEGATIVE FECAL EXAM (MANDATORY)** DATE: \_\_\_\_\_

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I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE ANIMAL AND TO THE BEST OF MY KNOWLEDGE FIND IT PHYSICALLY HEALTHY AND ADEQUATELY PROTECTED AGAINST INFECTIOUS DISEASES.

**Additional comments:**

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

**VETERINARIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_