



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 _____
HOME PHONE _____ WORK PHONE _____
COUNTY LICENSE NO. _____

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: _____

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** _____