

## FAIRFAX PETS ON WHEELS HEALTH CERTIFICATE

Date of Rabies: \_\_\_\_\_ 1 yr. 3 yr. *(Circle One)*

***All cat and dog volunteers participating in the Fairfax Pets on Wheels, Inc. program must have a valid rabies vaccination.***

Animal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Species: \_\_\_\_\_ Wt.: \_\_\_\_\_

Sex: M F N S *(Circle One)* Breed/Type: \_\_\_\_\_ Color: \_\_\_\_\_

I hereby certify that I have examined the above described animal, to include a fecal exam, on \_\_\_\_\_ *(Date)* and find same to be free from visible symptoms of contagious, infectious, communicable disease, internal parasites, and this pet has the current vaccinations I recommend for this species. I know of no medical reason this pet is not suitable for nursing home/hospital visitation.

**Veterinarian Signature:**

\_\_\_\_\_ License #: \_\_\_\_\_

**Animal Hospital Name and Address and Telephone (Stamp):**

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

**Animal Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

FPOW Volunteer Name (if different from owner): \_\_\_\_\_

\_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**This certificate should be renewed on this form annually.**

When completed, please send this certificate to:

Fairfax Pets on Wheels  
c/o Health Certificate  
12011 Government Center Parkway, Suite 708  
Fairfax, VA 22035-1104

Email: [dfspetsonwheels@fairfaxcounty.gov](mailto:dfspetsonwheels@fairfaxcounty.gov)