

Shelter/Rescue Health Certificate

Licensee
Name

License
Number

Address

Telephone Number

Email

Animal Name
and Microchip

Species

Breed

DOB
Age

Color &
Markings

Sex

Spay or
Neutered?

Examinations for release of animal from Mandatory full 48-Hour Isolation must be performed at the Massachusetts Approved Isolation Facility. The following Isolation Information must be completed:

Isolation Name
and Address

Date and Time Animal Entered Isolation

List any and all health conditions diagnosed or suspected for the animal listed above

I hereby certify the animal described above has been examined by me on this date and appears to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto. To the best of my knowledge, the animal originated from an area not quarantined for rabies and has not been exposed to rabies.

Signature _____ Date _____ Time _____

Veterinarian
Name

License
No.

Address

Phone