

KITTY – K
Health Certificate

NAME OF CAT _____

AGE OF KITTEN _____

(Only kittens 8 to 15 weeks may participate)

Owner's Name _____

Address _____

Phone(s) _____

Email _____

SPAYED _____ NUETERED _____ (one must be checked)

Check off for each Required:

At least one FVRCP Vaccine (at least 10 days prior to first class) _____

De-worming _____

Negative FeLV, FIV _____

No fleas. No Ticks _____

No known upper respiratory _____

No known ringworm _____

Health comments from
veterinarian _____

Veterinarian Signature _____

Date _____

(Return health certificate via FAX or email in advance of class to register)