

**Tonasket Veterinary Services**

PO Box 35, 31648 Hwy 97

Tonasket, WA 98855

509-486-2166

# *Certificate of Health*

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**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Microchip #:** \_\_\_\_\_

I certify to have examined the above puppy, and to the best of my knowledge believe it is to be free from infectious, contagious and/or communicable disease and appears to be healthy at the time of inspection.

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

