



240 Flint Street
Marstons Mills, Ma 02649

DATE:

OWNER:
ADDRESS:

NAME:
BREED:
SEX:
BIRTH DATE:
COLOR:

HERPES VACCINATION DATE: _____

Lot Number: _____

Manufacturer: _____

Vaccine type: _____

Expiration date: _____

Vaccination is: Booster

Previous vaccination date: _____

Initial vaccination date: _____

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated:

(Check applicable statements)

1. Free from infectious, contagious, and or communicable disease.
2. In good physical condition.
3. Owner states no known exposure to herpes virus or other communicable diseases within 30 days
4. The county of residence is not under herpes virus quarantine.

Signature of Veterinarian _____ License No. _____