

Veterinary Health Certificate Minnesota Commercial Dog or Cat Breeders

Page (1) of (_____)

Animal Information		Breeder Information	
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> See supplemental pages	Name:	
Breed:		Address:	
Description:		City, State, Zip:	
Age/DOB:	Sex:	Phone:	
Identification number/Name:		Email:	
Vaccinations		Brucellosis Test	
		<small>(Required for dogs 28 weeks of age and older who are not spayed or neutered.)</small>	
Product:	Date vaccinated:	Test type:	
Product:	Date vaccinated:	Laboratory:	
Product:	Date vaccinated:	Sample collection date:	
Product:	Date vaccinated:	Test result:	
Veterinarian Certification			
Name (printed):		License number:	
Clinic name:		Clinic address:	
I certify, as a Minnesota-licensed veterinarian, that I inspected the described animal on the date indicated on this certificate and that they had no signs of infectious or contagious diseases at the time of inspection. To the best of my knowledge, the information on this certificate is accurate. No warranty is made or implied.			
Date inspected:		Signature:	