For an official copy, please call Scott Carlton at (517) 373-9794

.I-010 (5/99)

000000

WHITE - Accompany Animal
PINK - Pet Shop File
BLUE - Veterinarian's Copy

MICHIGAN DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION
P.O. BOX 30017, LANSING, MICHIGAN 48909
(517) 373-1077

This is not an Official Interstate Small Animal Health Certificate

www.michigan.gov/mda

MICHIGAN PET SHOP HEALTH CERTIFICATE

(In Accordance with Act 287, Public Acts, 1969 as amended)

Each dog, cat, and ferret from a pet shop must be delivered to the purchaser with a Michigan Pet Shop Health Certificate

Name, Address (No. & Street, City, State, Zip Code), and Phone Number of Pet Shop

Species _____ Breed _____
Sex _____ Age _____ Weight _____
Description and Identification _____
_____
_____

2nd Exam by Veterinarian
Weight _____ Date _____
Vet. Sig. _____
3rd Exam by Veterinarian
Weight _____ Date _____
Vet. Sig. _____

I hereby certify that I have examined the above described animal and on this date find the animal to be free from visual evidence of communicable disease.

Printed Name of Veterinarian, Clinic Name, Address (No. & Street, City, State, & Zip Code), and Phone Number

Signature of Veterinarian

MI Vet. License No. _____ Date _____

All Vaccinations & Treatments--Type, Date, and Who Administered (Including all given prior to arrival at pet shop.)

Printed Name of Purchaser, Address (No. & Street, City, State, & Zip Code), and Phone Number

Signature of Purchaser

Date of Purchase

Describe Disposition if Other than Purchase

Date of Disposition _____

PURCHASE DATE MUST BE WITHIN 30 DAYS AFTER LAST EXAMINATION BY VETERINARIAN

SAMPLE