



**MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
ANIMAL INDUSTRY DIVISION**

P.O. Box 30017, Lansing, MI 48909-8276
Phone: 800-292-3939 Fax: 517-241-1560

Original – Purchaser
Copy – Pet Shop/LDBK
Copy – Issuing Veterinarian

This is not an Official Interstate Certificate of Veterinary Inspection (ICVI). This Certificate is valid for 30 days after the veterinarian examination date.
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In accordance with Act 287, PA 1969 as amended

MICHIGAN PET HEALTH CERTIFICATE

Each pet shop or large-scale dog breeding kennel shall not sell, exchange, transfer, or deliver a dog, cat, or ferret without providing to the purchaser a valid pet health certificate for each animal.
This Michigan Pet Health Certificate is only valid for **30 days** after the date the animal was examined by the veterinarian who signed the certificate.

Pet Shop or Large-Scale Dog Breeding Kennel Information			
Full Legal Name of the above Business:		Contact Person:	Title:
Physical Address (P.O. Boxes are not accepted):		City:	Zip code:
County:		Business Phone:	Business Email:
Mailing address if different from above, Street or P.O. Box:		City:	State: Zip code:
Animal Information			
Animal Identification (check/fill in all identification (ID) the animal has):			
Name:	Microchip #:	Tattoo #:	Other ID #:
Animal Species:	Breed(s):	Sex:	Male Female Intact? Y N
Color(s):	Age: (weeks, months, years/Date of Birth) weeks months yrs Date of Birth:	Approximate Weight:	
Examining Veterinarian Information for This Animal			
Medical conditions (list): None known			
Vaccination(s) and medical treatment(s) received by this animal while under the control of this Pet Shop or Large-Scale Dog Breeding Kennel, if known, are listed below: None known			
Vaccinated Against	Date(s)	Product Name	Vaccine Manufacturer
Treatment Administered	Date(s)	Product/Drug Administered	Why Administered
Additional vaccinations/treatments for this animal are listed on page 2. By signing below I certify that the foregoing is true and accurate to the best of my knowledge and belief. I hereby certify that I have examined this animal on this date and at the time of the preparation of this certificate; I found this animal free from visual evidence of communicable disease.			
Signature of Examining Veterinarian:		Examination Date:	Michigan Veterinarian License No:
Printed Name of Examining Veterinarian:		Veterinary Practice Business Name (if applicable):	
Practice Address:		City:	State: Zip code:
County:		Business Phone:	Business Email:
Purchaser Information			
Name of Individual/Business/Organization:		For business/organization, the person taking receipt of this animal on their behalf:	
Individual/Business/Organization Address:		City:	State: Zip code:
Phone:		Date of Purchase:	Email:
Signature of Purchaser or Business/Organization representative:		Title of Business/Organization representative:	

THIS CERTIFICATE EXPIRES 30 DAYS AFTER THE VETERINARIAN EXAMINATION DATE

If additional vaccinations and/or treatments were administered, please check box above, and continue by using page 2 of this form

