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Certification of health examination for small animals/ Rabies certification

Dear Customer,

you have registered with us to receive a Health Certificate/Rabies Certification for your pet. To save your time during your stay with us, we would like to prepare the document in advance. Therefore we need some information of you and your pet. We kindly ask you to fill in the first box of the following document and send it to us together with the vaccination record.

We need your name and your adress, the name of your pet, the species, sex and birthdate and the microchipnumber.

For NEW CUSTOMERS - please send us this document together with the vaccination documents and your registration form by e-mail.

For EXISTING CUSTOMERS - no registration form needed, please send us just this form together with the vaccination documents by e-mail.

Many thanks in advance for your efforts,

Your vet practice Morlock



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Certification of health examination for small animals Rabies certification

OWNER

Name _____

Adress _____

PET

Petname _____

Species _____

Sex _____

Date of birth _____

Identification/Microchipnumber: _____

RABIES VACCINATION CERTIFICATE

Date vaccinated vaccination expires rabies tag number

CLINICAL EXAMINATION

The animal is in good health and able to withstand carriage to its destination.

Signature of licensed veterinarian

Date