

**SUNDANCE PROPERTIES FAMILY, LLC**  
**VETERINARIAN PET REFERENCE**

Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owned By: \_\_\_\_\_

\_\_\_ Dog      \_\_\_ Bird      \_\_\_ Other      Breed: \_\_\_\_\_

\_\_\_ Male      \_\_\_ Female      \_\_\_ Spayed/Neutered      Age: \_\_\_\_\_ Color: \_\_\_\_\_ Wt: \_\_\_\_\_

**VACCINATION**

**Canine:**

\_\_\_ Distemper  
\_\_\_ Distemper/Measles  
\_\_\_ (CAV-2) Hepatitis  
\_\_\_ Lepto C & 1  
\_\_\_ Parvo Virus  
\_\_\_ Bordetella  
\_\_\_ Corona Virus  
\_\_\_ Other: \_\_\_\_\_

**Feline:**

\_\_\_ Panleukopenia  
\_\_\_ Rhinotracheitis  
\_\_\_ Calci Virus  
\_\_\_ Leukemia  
\_\_\_ Chlamydia  
\_\_\_ Other: \_\_\_\_\_

Vaccinations Expire: \_\_\_\_\_

**PHYSICAL EXAMINATION**

General Appearance	Normal	Abnormal
Coat/Skin/Nails	Normal	Abnormal
Heart/Lungs	Normal	Abnormal
Eyes	Normal	Abnormal
Teeth	Normal	Abnormal
Urogenital	Normal	Abnormal
Muscles/Bones	Normal	Abnormal
Temperament	Normal	Abnormal
Other: _____	Normal	Abnormal

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of Flea or Tick Infestation? Yes    No

I certify as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infections or contagious diseases. Current vaccinations and spay/neuter status are as indicated.

Veterinarian's Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's Signature

Date: