

NEVADA STATE VETERANS HOME  
IN-HOUSE / VISITING PETS - STATEMENT OF ANNUAL HEALTH EXAM

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PET'S NAME \_\_\_\_\_ SPECIES \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

I verify that the above named pet is current with required vaccinations, and has been examined and found to have no clinical evidence or symptoms of a potentially communicable disease.

\_\_\_\_\_  
Name of Veterinarian (please print)

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Veterinary Business Name/Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date