

EHSAN Veterinary

PET'S HEALTH CERTIFICATE





© 0910 5200870 © 021 26112990 © @ehsan.veterinarymedicine

كلينيك دامپزشكى احسان



Pet info.

Footprint:

Number:	Name:	
	Species:	
Photo:	Breed:	
	Sex: Colour:	
	Date of birth:	
	Date of Issue:	
	Stamp & Vet. Add:	



Microchip / Tattoo

Microchip Label:	Date of micro chipping:
	Leasting of microskin
	Location of microchip:
Description:	
	Stamp & signature
Tatoo Number:	Date of tattooing:
Tatoo Number:	Date of tattooing:
Tatoo Number:	to a degrade a medical and an extra Pas
Tatoo Number:	
Tatoo Number: Description:	Location of tattoo:
	Location of tattoo:
Description:	Location of tattoo:



Medical History

Note:	Date:

Note:	Date:
Note:	Date:
Note:	



Surgerical History

Note:	Date:

Note:	Date:
Note:	



Vaccination & Antiparasitic

Type of vaccines & Drugs Manufacturer & type of vaccine	Date:	Authorized veterinarian
O Rabies O L.D.H.P.Pi O R.C.P	Valid until:	
Antiparasitic.T		Stamp & signature
Type of vaccines & Drugs Manufacturer & type of vaccine	Date:	Authorized veterinarian
O Rabies O L.D.H.P.Pi O R.C.P	Valid until:	
Antiparasitic.T		Stamp & signature
Type of vaccines & Drugs Manufacturer & type of vaccine	Date:	Authorized veterinarian
O Rabies O L.D.H.P.Pi O R.C.P	Valid until:	
Antiparasitic.T		Stamp & signature
Type of vaccines & Drugs Manufacturer & type of vaccine	Date:	Authorized veterinarian
Rabies		
O L.D.H.P.Pi	Valid until:	
New Control of Control	Valid until:	Stamp & signature



Owner info.

Name:	Date: Address:
Phone:	Postal code:
Name:	Date:
	Address:
Phone:	Postal code:
Name:	Date: Address:
Phone:	
	Postal code:

They trust us with their lives we owe them our hearts

