



Pennsylvania Kennel Assurance Program  
**VETERINARIAN'S CERTIFICATE**

**This is to certify that I examined the following dog as follows:**

Purchaser's Name: \_\_\_\_\_

Purchaser's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Examination: \_\_\_\_\_

Name of the Dog: \_\_\_\_\_

Breed of the Dog: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Color and Markings: \_\_\_\_\_

Precise Findings of the Examination, Diagnostic Tests or Necropsy:

\_\_\_\_\_

\_\_\_\_\_

Treatment Recommended: \_\_\_\_\_

Cost to Cure Dog: \$ \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian's Phone No.: \_\_\_\_\_

*Signature of Veterinarian:* \_\_\_\_\_

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**You, the dog's purchaser must provide the seller with my name, address and telephone number within two days of the date of this Certification. Also, you must give a copy of this Certification to the seller within five days of the date of this Certification.**

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Kennel Name \_\_\_\_\_

Owners \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_