

Kokomo Humane Society
713 N. Elizabeth Street
Kokomo, IN 46901
765-452-6224

As part of the Kokomo Humane Society's Foster Care Agreement, KHS requires that Foster Parents fostering animals for the Humane Society at their home maintain current vaccinations on animals they personally own and that reside at the home where the fostering will occur.

Foster Parent _____

Address _____

Phone Number _____

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Pets:

1. Breed _____ Sex/altered? _____

Date of last: Exam _____ DHLPPC/FVRCP _____ FeLV _____ Rabies _____

Intestinal Parasite Exam _____ Deworming _____ Heartworm Test _____ FeLv?FIV status _____

2. Breed _____ Sex/altered? _____

Date of last: Exam _____ DHLPPC/FVRCP _____ FeLV _____ Rabies _____

Intestinal Parasite Exam _____ Deworming _____ Heartworm Test _____ FeLv/FIV status _____

3. Breed _____ Sex/altered? _____

Date of last: Exam _____ DHLPPC/FVRCP _____ FeLV _____ Rabies _____

Intestinal Parasite Exam _____ Deworming _____ Heartworm Test _____ FeLv/FIV status _____

4. Breed _____ Sex/altered? _____

Date of last: Exam _____ DHLPPC/FVRCP _____ FeLV _____ Rabies _____

Intestinal Parasite Exam _____ Deworming _____ Heartworm Test _____ FeLv/FIV status _____

5. Breed _____ Sex/altered? _____

Date of last: Exam _____ DHLPPC/FVRCP _____ FeLV _____ Rabies _____

Intestinal Parasite Exam _____ Deworming _____ Heartworm Test _____ FeLv/FIV status _____

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This is to certify that the above pet(s) was examined by me and found to be free from symptoms of infectious, contagious or communicable disease, or known exposure, and that all common vaccines that I deem necessary for the pet(s) have been administered.

DVM (Please print)

IN License #

DVM Signature

Date

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