VET DECLARATION FORM

- This form needs to be completed and certified by a UK veterinary surgeon.
- As per the RCVS Principles of Certification, the form must be certified with the name of the vet, their signature, practice stamp & date.
- Please note that **all** the fields included in this form must be completed.
- The form is a fillable pdf and can be opened with Acrobat Reader or similar and filled in electronically or handwritten.
- Finally attach the completed form to your reply or email it to **info@ahc.online**

Owner's details:

Name:	
Address:	

Pet's details:

Name:		**Sex:**	
Species:		**Colour:**	
Breed		**D.O.B.:**	
Microchip number:			

Rabies Vaccination Details:

Date of vaccination:	
"Valid from" date: (If this is the 1st rabies vaccination, this will be 21 days later)	
"Valid to" date: (according to the license of the vaccine used)	
Vaccine manufacturer & brand:	
Batch number:	

Declaration - this section can only be completed by a Veterinary Surgeon.

I confirm that the microchip number was verified at the time of vaccination.

Name:	**Date:**
Signed:	**Practice Stamp:**

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