

**This is to certify that**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your pet must be in good health and current on all immunizations to be healthy**

**And free of any obvious communicable disease**

**Authority name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**CERTIFICATE OF**

**HEALTH ACCREDIATION**