

**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**