MOUNTAIN VISTA
VETERINARY SERVICES
66062 MT HW-37
Eureka, MT 59917
(406) 478-6887

Proof of Vaccination Form

Pet Parents Name _____ Phone No.: _____

Pet Parents Address _____
Number Street City State Zip

Pets Name _____

Species _____

Pet Information

Pets Name	Cat	Dog	Other	Breed	Color	Sex	Altered	Date of Birth
	☐	☐				M	No	

For all In-Patient (IP) procedures, dogs and cats are required to have current vaccinations administered by a licensed veterinarian or animal shelter for the following diseases:

DOGS

☐ DHPP	Date given: _____	Date Expires _____
☐ Bordetella	Date given: _____	Date Expires _____
☐ Rabies	Date given: _____	Date Expires _____
☐ Leptosporosis	Date given: _____	Date Expires _____
☐ Lyme	Date given: _____	Date Expires _____

CATS

☐ FVRCP	Date given: _____	Date Expires _____
☐ Rabies	Date given: _____	Date Expires _____
☐ Feline Leukemia	Date given: _____	Date Expires _____

Please send current vaccine records to mvvs@mvvs.vet