



AIR FORCE FAMILY CHILD CARE (FCC) INDIVIDUAL PET ASSESSMENT

_____ Date

NOTE: One form for each pet.

FCC Applicant/Provider's Name _____

Name of pet _____ Type of pet _____

In accordance with *Caring for Our Children*, Standard, 3.042, "Any pet or animal present at the FCC Home shall be in good health, show no evidence of carrying any disease, be fully immunized, and be maintained on a flea, tick, and worm control program. A current (time-specified) certificate from a veterinarian shall be on file in the home, stating that the specific pet meets these conditions." Standard 3.043 states, "The FCC home shall not keep or bring in ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals."

There is no evidence this pet is carrying any disease(s).

If applicable, this pet has been immunized against rabies.

Date rabies vaccination expires _____

If applicable, this pet has been immunized against distemper.

Date distemper vaccination expires _____

This pet is free of parasites and fleas.

I have examined the above named pet and certify that it meets all the conditions stated above.

This Pet Certificate expires on _____

Veterinarian's Name _____

Veterinarian's Signature _____

Telephone (____) _____

Date _____