

# HEALTH CERTIFICATE

Little Woods Animal Hospital  
102 Rainbow Drive  
Cabot, AR 72023

Date: **SEP 7 22**

Time: **13:29**

501-422-6155  
littlewoodsah@gmail.com

Owner <b>JILL FLETCHER</b> <b>210 JACKSON PARK COVE</b> <b>CABOT, AR 72023</b>  <b>501-422-9598</b>		Patient Name: <b>BENTLEY</b> Species: <b>CANINE</b> Breed: <b>GOLDEN DOODLE</b> Color: <b>GOLD</b> Gender: <b>MN</b>		
DOB: <b>MAR 18 21</b> Weight: <b>67 lbs</b> Rabies Tag: <b>None</b> ID1: <b>None</b> ID2: <b>None</b>				
Description	Given	Expires	Manufacturer	Lot / S/N
<b>BRAVECTO 45-88</b>	<b>JUN 21 22</b>	<b>SEP 21 22</b>		
<b>FECAL TEST</b>	<b>DEC 30 21</b>	<b>DEC 30 22</b>		
<b>PROHEART 12 PER ML</b>	<b>MAR 21 22</b>	<b>MAR 21 23</b>		
<b>DHLPC ADULT</b>	<b>MAR 21 22</b>	<b>MAR 21 23</b>		
<b>HEARTWORM TEST</b>	<b>MAR 21 22</b>	<b>MAR 21 23</b>		
<b>BORDETELLA VACCINE</b>	<b>JUN 21 22</b>	<b>JUN 21 23</b>	<b>MERCK</b>	<b>D148592A</b>
<b>RABIES VACCINATION 1YR</b>	<b>MAR 21 22</b>	<b>MAR 20 25</b>		

I hereby certify that I have examined the above animal and found same to be free from apparent clinical signs of contagious or infectious disease(s).



WHITT BELL DVM License Number: 6580