



Health Information Form For Training Classes

**Form must be signed by licensed veterinarian
OR copy of veterinary records
 containing vaccination information must be submitted.**

Your Name:
Address:
City, State, Zip Code:
Home Phone:

Dog's Name:	Rabies: (Required if old enough)
Date of Birth (approx.):	Distemper: (Required)
Breed:	Bordetella: (Within 1 Year Required)
Color:	Parvo: (Required)
Sex:	
Sterilized?	
If so, when?	

Signature of Veterinarian:
Name of Veterinarian:
Address:
City, State, Zip Code:
Phone:

Veterinarian Certification:

I hereby acknowledge that the above information is true and correct to the best of my knowledge.

 Signature or Stamp of Veterinary Clinic

 Date