Veterinary Certificate

Owner’s Name: Puppy’s Name:

Breed: Date of Birth:

|  |  |  |
| --- | --- | --- |
| **Treatment** | **Date(s)** | **Expiration/Due next** |
| Physical Examination |  |  |
| Rabies |  |  |
| DAP vaccine (or equivalent) |  |  |
| Bordetella vaccine |  |  |
| Fecal Examination |  |  |
| Deworming |  |  |
| Parasite Prevention (flea, heartworm, intestinal parasite) |  |  |

I certify that I have examined the animal above on the noted date(s) and at the time of examination found the puppy/dog to be in good health and free of any communicable diseases that would prevent the puppy’s/dog’s participation in group socialization.

Veterinarian’s Signature: Date:

Printed Name: Hospital Name:

Hospital phone number: Email (optional):