



VACCINATION & HEALTH CERTIFICATION

Part I (To be completed by owner)

Owner's Name: _____ Name of Dog: _____

Breed: _____ Gender: _____ Age: _____ Spayed/Neutered: _____

This is to verify that my dog is current on vaccinations and in good health. Any current or historic health conditions must be noted. I hereby provide permission for my veterinarian's office to release complete health and/or vaccination information relating to my dog directly to Doggie Style. As the owner, I understand this form requires me to:

1. Have my dog on a consistent, monthly flea and tick program. Flea & Tick Program is: _____
2. Notify Doggie Style of any new and future health conditions as they are identified. In addition, a new certification will be submitted to Doggie Style if my dog has had a communicable disease.

Signature of Applicant: _____ Date: _____

Part II (To be completed by veterinarian)

1. Date of last visit: _____

2. Please comment on dog's behavior and readiness for day or overnight care:

3. Vaccinations:

Rabies: Last Given: _____ Next Due: _____

DHLPP (including Parvovirus)

Adult Last Given: _____ Next Due: _____

Puppies: Round 1: _____ Round 2: _____ Round 3: _____ Next Due: _____

Bordetella (Kennel Cough): Last Given: _____ Next Due: _____

The information provided on this form is true to the best of my knowledge.

Authorized Signature** _____ Date: _____

Name & Job Title (Please Print): _____

Hospital or Clinic (Please Print): _____

** Authorized signature must be staff member of Veterinarian's office.