



The Sophisticated Dog

Expertise



Training



Results

Veterinary Certificate

Client's Name: _____

Puppy's Name: _____

Breed: _____

Date of Birth: _____

Treatment	Date(s)	Name of Product(s)
Physical Examination		N/A
DAP vaccine (or equivalent)		
Bordetella vaccine		
Fecal Examination		N/A
Deworming		
Parasite Prevention (flea, heartworm, intestinal parasite)		

I hereby certify that I have examined the animal above on the noted date(s) and at the time of examination(s) found the puppy to be in good health and free of any communicable diseases. I also understand that the puppy will be attending a group class, and while the other dogs in the class are also vaccinated and apparently healthy, the class takes place outdoors in a parking lot and the area therefore cannot be guaranteed safe, since it is impossible to sanitize.

Veterinarian's Signature: _____

Date: _____

Printed Name: _____

Hospital Name: _____

Hospital phone number: _____

Email (optional): _____