

**HEALTH CERTIFICATE** (To be completed by veterinarian)



Dog's Name \_\_\_\_\_ Age \_\_\_\_\_

Gender: M F Neut. Spay (Circle)

Owner's Name \_\_\_\_\_

**RABIES Vac.**(type/date) \_\_\_\_\_ (Only applies to dogs over 5 months)

Mary Mazzeri/Care Dog Training does not require any specific vaccinations (other than Rabies as required by law) but defers to the protocols of the attending veterinarian.

Is dog on any medications? No \_\_\_ Yes \_\_\_ If yes please explain

*Veterinary Certification: By signing this certificate I attest that this dog is a patient at my clinic/hospital. I have examined this dog and found it to be sound enough to participate in obedience training classes. It is current in its health care regimen. It was, at the time of this examination, free of parasitic and contagious conditions.*

Signature of attending DVM \_\_\_\_\_

Exam Date \_\_\_\_\_

(Please affix business card or stamp this form with address of VET.)

CareDogTraining.com