



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

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F Neut. Spay

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

Dogs over 5 months **RABIES Vac.**(type/date) \_\_\_\_\_

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? (Please explain) \_\_\_\_\_

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

Signature of attending DVM \_\_\_\_\_ Exam Date \_\_\_\_\_