

Medical Form

Print this form and fill out along with Application, Health Agreement, and Personality Profile. **Please print.**

Dog's Name _____ Date of Exam _____

This is to certify that I have examined this dog and have found that:

1) This dog is up to date on the following vaccinations:

<u>Vaccination</u>	<u>Date Given</u>
a) DHLPPC (or the equivalent)	_____
b) Rabies _____ 1 year or _____ 3 year	_____
c) Bordatella	_____

Heartworm Test and Prevention

a) Date of last Heartworm test _____

b) Type of Heartworm prevention _____

Flea Prevention

Type of flea prevention _____

2) Based upon medical history and physical condition at the time of this examination, this dog is free from apparent communicable diseases and is in a suitable condition to receive doggie day care.

Veterinarian's Name _____

Street Address _____

City/State _____

Phone Number _____

Veterinarian's Signature _____