

Car-Dun-Al Obedience Dog Training Club
Health Certificate (must be completed by D.V.M.)

Dog's Name _____ Age _____ Sex M F Neutered/Spayed? Yes No

Owner _____ Rabies Vac. Date _____

Other Vaccinations/Dates: _____

Stool Check/Date: Neg. _____ Pos (list type and treatment/dates) _____
(Must be within 6 weeks of start of class)

Heartworm Check: date _____ on preventative? Yes _____ No _____

Please indicate if dog is on any medications/behavior altering drugs: No _____ Yes _____

VETERINARY CERTIFICATION: I attest that I have examined this dog recently and found it to be sound enough to participate in obedience training classes. It was, at the time of this examination, free of parasitic and contagious conditions.

Signature of Attending DVM _____ Date _____

(Please stamp the back of this form or affix business card w/name, address and phone of clinic. Thank you!)