

Veterinary Certificate

Owner’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 certify that I have examined the animal above on the noted date(s) and at the time of examination found the puppy to be in good health and free of any communicable diseases that would prevent the puppy’s participation in a group puppy socialization class.

Veterinarian’s Signature: Date:

Printed Name: Hospital Name:

Hospital phone number: Email (optional):