



HEALTH VERIFICATION

DEAR VETERINARIAN,

_____ (OWNER) HAS ENROLLED THEIR DOG IN A TRAINING PROGRAM WITH A DOG'S BEST FRIEND, INC. WE WANT TO MAKE SURE THAT ALL DOGS AND PUPPIES ARE IN GOOD HEALTH BEFORE GOING THROUGH OUR TRAINING PROGRAM.

WE WOULD LIKE TO VERIFY THAT _____ (DOG) IS IN GOOD HEALTH, IS CURRENT ON VACCINES, AND HAS NO MEDICAL PROBLEMS THAT COULD CREATE OR AGGRAVATE BEHAVIOR PROBLEMS, OR BE AGGRAVATED BY TRAINING. WE WOULD APPRECIATE IT IF YOU WOULD TAKE A FEW MINUTES TO RECORD THE FOLLOWING INFORMATION FOR US SO THAT WE CAN PROCEED WITH TRAINING.

VACCINATIONS/TITERS

DISTEMPER _____
date

PARVO _____
date

RABIES _____
date

NEGATIVE FECAL _____
date

SPECIAL DIET? _____

CAN WATER BE SCHEDULED? _____

This is to certify that on _____ I examined the above described animal, and, to the best of my knowledge, find this animal to be free from infections or contagious diseases.

VETERINARIAN'S SIGNATURE

HOSPITAL NAME OR STAMP

THANK YOU FOR YOUR ASSISTANCE!

A Dog's Best Friend, Inc.
954-791-2717 / 954-316-2325 Fax