

# Health & Vaccinations Form

Please complete this form and bring to Week #1/Orientation Class. Thanks!

Dog Training Sponsored by:  
www.yourdogsfriend.info  
301-983-5913



Helping Your Dog Become Your Lifetime Companion

Fill out the top portion of this form and ask your veterinarian to complete the rest. Present the completed form to your class instructor at Orientation, Week #1. Your dog may not attend class until Your Dog's Friend has received the completed form showing that your dog has been examined by a licensed veterinarian and has been vaccinated for common canine illnesses.

## For Completion by Owner:

Class Attending:  Puppy or  Basic Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: Day/\_\_\_\_ Evening/\_\_\_\_ Cell/\_\_\_\_

Dog Name: \_\_\_\_\_ Sex:  M or  F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## For Completion by Veterinarian:

Dear Veterinarian: Please provide the following information about the dog named above. Thank you for your assistance.

Age of Dog: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if known) Neutered?  Yes or  No Weight: \_\_\_\_\_

Last Vaccination Dates: Distemper \_\_\_\_\_ Expires \_\_\_\_\_

Hepatitis \_\_\_\_\_ Expires \_\_\_\_\_

Leptospirosis \_\_\_\_\_ Expires \_\_\_\_\_

Parvovirus \_\_\_\_\_ Expires \_\_\_\_\_

Rabies \_\_\_\_\_ Expires \_\_\_\_\_

Tag # \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD License No.

\_\_\_\_\_  
Telephone

**Your Dog's Friend** is a 501c3 non-profit organization whose goal is to help keep dogs out of shelters by educating and supporting dog owners. A portion of your class fee will be used to continue the free workshops and programs we offer.