



School For The Dogs

VETERINARY CERTIFICATE FOR TRAINING

Please ask your veterinarian to complete, sign, and return this form to us by email at least one day prior to your first class with your dog.

OWNER'S NAME _____ DOG'S BIRTHDATE ____/____/____

DOG'S NAME _____ DOG'S BREED _____

PROCEDURE	YES	NO	TOO YOUNG?	DATE(S) GIVEN	DATE OF NEXT DUE
Wellness Exam					
Negative Intestinal Parasite Screen					
Flea/Heartworm Prevention					
Deworming					
Distemper Vaccination					
Parainfluenza Vaccination					
Parvo Vaccination					
Bordetella Vaccination					
Rabies Vaccination					
Please note any other vaccinations					

If dog's intestinal parasite screen was positive, is dog under treatment and cleared by veterinarian to attend group classes?

YES NO

How did the dog respond to handling, restraint, and other procedures (e.g., nail trims) during the exam? (Check all that apply.)

- | | |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Wiggly | <input type="checkbox"/> Ate treats |
| <input type="checkbox"/> Approached staff | <input type="checkbox"/> Lip licks, yawning |
| <input type="checkbox"/> Tried to hide | <input type="checkbox"/> Trembled |
| <input type="checkbox"/> Stiffened or froze | <input type="checkbox"/> Growled or snapped |

Additional notes: _____

I, the undersigned, certify that I have examined the puppy or dog named above and at the time of examination found the puppy or dog to be in good health and free of any communicable diseases that would prevent participation in a group training class.

Veterinarian Signature _____ **Date** _____

Veterinarian Name _____ **Phone** _____

Hospital/Practice _____ **Email** _____