



## 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