

Health Certificate



(Please print and fill out the following information)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Dog: _____

Breed: _____ Age: _____

DA2PPV Booster - Date Administered: _____ Circle: 1 or 3 Year

Rabies - Date Administered: _____

Tag Number: _____ County: _____

Heartworm Test - Date Performed: _____

On Medication? Yes No

Fecal Check - Date Performed: _____

SPECIMEN MUST BE CURRENT - Results: _____ Neg / Pos*

*Medication must be given and sample reexamined after prescribed length of time.

I hereby certify that I have examined and performed the required inoculation(s) and **current** fecal check on the above described animal and find same to be free from symptoms of contagious or infectious disease, and to the best of my knowledge and belief not to have been exposed to distemper, parvovirus, kennel cough, or rabies.

Signature of licensed Veterinarian: _____

Stamp or Seal of Clinic or Hospital:

I hereby waive and release Lyons Township Dog Training Club, Inc., its members, instructors, officers, and agents from any and all liability for injury or damage which I or my dog may suffer while I attend training classes. I further understand that I am responsible for the actions and habits of the dog that I will be training.

Signature of Owner: _____