



# Lyons Township Dog Training Club Health Certificate

For the safety of your puppy/dog we require this to be filled out prior to attending their first class. Please print and fill out the following personal information. Then have your vet fill out the rest.

**\*\*Health Certificates must be emailed to [ldtc.registrar@gmail.com](mailto:ldtc.registrar@gmail.com) no less than 1 week before the start of class. \*\***

## To be filled out by owner:

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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. I hereby agree to maintain the health and well-being of my dog(s) with the veterinarian on file. I declare that my dog is free of transmittable parasites and disease. If my dog is not feeling well or is recovering, I will not bring them to class until healthy. Refund requests will be granted when received 1 week prior to the start of class. Refunds may be subject to a 5% processing fee.

Signature of Owner: \_\_\_\_\_

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## To be filled out by a veterinarian:

**If a puppy is too young for any of the following, please just note it on the appropriate line(s).**

Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

DA2PPV Booster - Date Administered: \_\_\_\_\_ Circle: 1 or 3 Year

Rabies - Date Administered: \_\_\_\_\_ Circle: 1 or 3 Year

Tag Number: \_\_\_\_\_ County: \_\_\_\_\_

Heartworm Test - Date Performed: \_\_\_\_\_

If positive on Medication? Yes / No      If negative on preventative? Yes / No

Fecal Check - Date Performed: \_\_\_\_\_

**SPECIMEN MUST BE CURRENT (withing a Year) - 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: \_\_\_\_\_

Name of Clinic or Hospital: \_\_\_\_\_

Address of Clinic or Hospital: \_\_\_\_\_