



The Sophisticated Dog

Expertise



Training



Results

Veterinary Certificate

Owner's Name: _____

Puppy's Name: _____

Breed: _____

Date of Birth: _____

Treatment	Date(s)	Name of Product(s)
Physical Examination		N/A
DAP vaccine (or equivalent)		
Bordetella vaccine		
Fecal Examination		N/A
Deworming		
Parasite Prevention (flea, heartworm, intestinal parasite)		

I certify that I have examined the animal above on the noted date(s) and at the time of examination found the puppy to be in good health and free of any communicable diseases that would prevent the puppy's participation in a group puppy socialization class.

Veterinarian's Signature: _____

Date: _____

Printed Name: _____

Hospital Name: _____

Hospital phone number: _____

Email (optional): _____