

Health Certificate

Your dog must be in good health and current on all immunizations in order to attend obedience classes with Commonwealth Dog Obedience Training Club. This form is to be completed by your veterinarian and be brought to your first class.

Owner's name: _____

Phone : work _____ Home _____ cell _____

Email _____

Dog's name: _____ Breed _____

Age _____ Sex _____ Spayed _____ Neutered _____

Name of veterinarian: _____

I have examined this dog on (date) _____ and find him / her to be healthy and free of any obvious communicable disease.

He / she is up to date on the following immunizations:

- Rabies
- Distemper
- Hepatitis
- Lepto
- Parvo
- Kennel Cough

Veterinarian's signature _____

Date _____