

Proof of Vaccination

Dog Owner's Name: _____

Address: _____

Phone: _____

Dog's Name: _____

Breed: _____ Not known

Age: _____ Not known

Male Female

Neutered Spayed Intact

This dog has been vaccinated for:

Vaccine	Date	Date Expires
Distemper/Adenovirus/Parvovirus/Parainfluenza Virus (Distemper Combo vaccine)		
Rabies		
Bordetella		

Known medical conditions, current medications, or allergies:

Any Movement Restrictions for your dog? No Yes

Veterinarian Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

I certify that the above dog is current on the vaccinations listed.

Veterinarian Signature/Designee

Date