

HEALTH VERIFICATION FORM

Dear Veterinarian:

_____ (owner) has enrolled their dog in a training program with Beyond the Dog. We want to make sure that all dogs and puppies are in good health before going through our training program and residing with our trainer.

We would like to verify that _____ is in good health, is free from parasites, is current on vaccinations, has no pending test results for potentially contagious conditions, and has no medical problems that could create or aggravate behavior problems, or be aggravated by training. We would appreciate it if you would take a few minutes to record the following information for us so that we can proceed with training.

Vaccination History

DHLP _____ (Date) PARVO _____ (Date)

BORDATELLA _____ (Date) RABIES _____ (Date)

Parasite History

Negative fecal float test required within the last 3 mo for puppies / 6 mo for adult dogs.

Most recent Fecal Float Test _____ (Date) Performed ____ In Clinic ____ Outside Lab

Results showed animal to be ____ Free of Parasites / No Evidence of Exposure
____ Free of Parasites / Evidence of Exposure

Other

Flea/Tick Preventative _____ (Date) Heartworm Preventative _____ (Date)

Other Medications _____

Special Diet _____

Can water be scheduled ____ Yes ____ No

Other Notes: _____

I hereby certify that on _____ I examined the above-described animal, and to the best of my knowledge, find this animal to be free from infections, parasites or contagious diseases and healthy enough to participate in training.

Veterinarian's Signature Hospital Name or Stamp _____