

# Group Class Health Certification

---

You may have your vet fill out and sign the section below, **-or-** you may submit printed receipts from your vet showing the appropriate information. Mail the completed form or receipts to the address below, or bring it with you to the orientation. ***Dogs without proper health certification will not be admitted to class. No exceptions.***

Your name: \_\_\_\_\_ Dog's name: \_\_\_\_\_

<b>Item</b>	<b>Date administered:</b>	<b>Required?</b>	<b>Within past:</b>
Vet exam		REQUIRED	12 months
DAP vaccine		REQUIRED	3 years
Rabies vaccine		REQUIRED	3 years
Stool check		REQUIRED	6 months
Bordetella vaccine		<i>recommended</i>	<i>6 months</i>

Any chronic health issues (e.g. dysplasia, seizures): \_\_\_\_\_

I have examined the above named dog and found it to be in good health and free of external parasites.

Vet signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*Mail this form to: 22822 Howard Chapel Rd., Brookeville, MD 20833-1218*

NOTE: This is NOT the class location. Please see <http://www.see-spot-sit.com/directions.html>