

Puppy Kindergarten 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 first class. ***Pups without proper health certification will not be admitted to class. No exceptions.***

Your name: _____ Pup's name: _____

Item	Date(s) administered:	Required?
Vet exam		REQUIRED
DAP vaccines	#1: #2:	At least 2 REQUIRED
Stool check		REQUIRED
Bordetella vaccine		Recommended, not required
Rabies vaccine		Age appropriate

I have examined the above named puppy 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>