



BIG MOOSE DOG TRAINING

Health Record

Owner Name _____ Dog's Name _____

Address _____

City _____ State _____ Zip _____

Dog's Age _____ Birth Date _____ Male Female

Spayed/Neutered Breed _____ Color _____

All required vaccinations & tests must be given within 1 year of class attendance.

Vaccination	Date Given	Vaccination	Date Given
Rabies	_____	Distemper	_____
1 year <input type="checkbox"/>			
3 year <input type="checkbox"/>		Parvovirus	_____
Rabies Tag No. _____		Infectious canine hepatitis	_____
Fecal Check Done _____		Heartworm Check Done _____	

I hereby verify that I am a licensed, accredited veterinarian and have vaccinated, ran the required tests, and examined the above dog.

Clinic Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

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Veterinarian's Signature _____ Date _____

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