



Veterinary Requirements for Training

Please ask your veterinarian to complete, sign, and return this form to me by text or email **at least one day prior to your first training session/class.**

Owner's name:

Dog's name:

Dog's breed:

Dog's age:

(Highlighted items are required.)

Procedure/Treatment	Yes	No	Date(s) – please include vaccination due by dates / Notes
Wellness exam in past 6 months			
Negative intestinal parasite and giardia screen within the past 6 months			
Heartworm prevention			
Deworming			
DHPP or equivalent – age appropriate or titers.			
Rabies vaccination – required for dogs over 6 months old.			
Other vaccinations as recommended by veterinarian (please specify).			
Prescription medications (please specify).			

How did the dog respond to handling, restraint, and other procedures (e.g., nail trims) during the exam? (circle all that apply)

Wiggly

Approached staff

Tried to hide

Stiffened or froze

Ate treats

Lip licks, yawning

Trembled

Growled or snapped

Additional medical or behavioral notes:

I, the undersigned, certify that I have examined the puppy or dog named above and at the time of examination found the puppy or dog to be in good health and free of any communicable diseases that would contraindicate participation in training.

Veterinarian name:

Hospital name:

Veterinarian signature:

Phone:

Date:

Email: