



Hearts and Hounds

empathic training for your dog

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Veterinary Certificate

Please bring completed form to the first class with your puppy.

Owner's Name: _____

Puppy's Name: _____

Breed: _____

Date of Birth: _____

Treatment	Date(s)
Physical Examination	
DAP Vaccine (or equivalent)	
Bordetella Vaccine	
Fecal Examination	
Deworming	
Parasite Prevention (flea, heartworm, intestinal parasite)	

I certify that I have examined the animal above on the noted date(s) and at the time of examination found the puppy to be in good health and free of any communicable diseases that would prevent the puppy's participation in a group puppy socialization class.

Veterinarian's Signature: _____ Date: _____

Printed Name: _____ Hospital Name: _____

Hospital Phone Number: _____ Email (optional): _____