

Canine Curriculum Fax (816) 741-8266
Phone Number: 816-668-9502 or 913-568-8632



HEALTH VERIFICATION

Dear Veterinarian:

_____ (owner) has enrolled their dog in a training program with Canine Curriculum. We want to make sure that all dogs and puppies are in good health before going through our training program.

We would like to verify that _____ is in good health, is free from parasites, is current on vaccinations, and has no medical problems that could create or aggravate behavior problems, or be aggravated by training. We would appreciate it if you would take a few minutes to record the following information for us so that we can proceed with training.

Vaccination History

DHLP _____ PARVO _____ RABIES _____
Date Date Date

BORDATELLA _____
Date

Parasite History

A Negative Fecal Exam is Required Within the Last 10 Days _____
Date

Flea/Tick Preventative _____
Date

Heartworm Preventative _____
Date

Other

Medications _____ Special Diet _____
Can water be scheduled _____ Other _____

I hereby certify that on _____ I examined the above-described animal, and to the best of my knowledge, find this animal to be free from infections, parasites or contagious diseases.

Veterinarian's Signature

Hospital Name or Stamp

