

**Alternative Dog Daycare & learning Center**  
**57 Bear Hill RD**  
**Merrimac, MA 01860**  
**Phone: 978-346-7266 / Toll Free 877-DOG-PAWZ**  
**www.alternativedog.com**

**Vaccination / Health Certification**

Prior to your dog's visit, please provide us with appropriate documentation for the listed vaccinations and procedures. Please ask your veterinarian to complete this form.

Owner's Name: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Dear Doctor,

I would like my dog to attend Alternative Dog Daycare & Learning Center. Please complete this form as proof that my dog is current on all of his/her needed vaccinations and health exams to attend daycare safely.

Thank you,

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Vaccinations last given:**

**Due Date:**

Rabies: \_\_\_\_\_ / \_\_\_\_\_

Bordetella: \_\_\_\_\_ / \_\_\_\_\_

DHLP-PV: \_\_\_\_\_ / \_\_\_\_\_

Flea & Tick Prevention: \_\_\_\_\_ / Used: \_\_\_\_\_

Heart worm test: \_\_\_\_\_ Fecal Exam: \_\_\_\_\_

Coccidia / Giardia Test: \_\_\_\_\_ Spayed/Neutered: YES/ NO

Microchip or Tattoo #: \_\_\_\_\_

Any other vaccination's or information we should know about this pet:

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_