

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: _____ Spayed/Neutered: YES/ NO

Microchip or Tattoo #: _____

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

Veterinarian Signature: _____ Date: _____