

**Pampered Pet Center, Inc.  
Veterinary Form (Dog)**



This form is required for all first time Pampered Pet Center, Inc. participants. Please have your veterinarian complete this form. The information below is necessary for the health and safety of all participating dogs including yours. This form must be included with your enrollment application.

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

Owner's Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ years/months Weight: \_\_\_\_\_

Male Female (circle one) Fertile Spayed/Neutered (circle one)

Microchip Number: \_\_\_\_\_

**Veterinarian to complete and sign this section (PLEASE PRINT):**

Date Vaccine was given:

**DHLP:** \_\_\_\_\_ (please circle): 1 year / 3 year

**PARVO:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_ (please circle): 6 months / 1 year

**Rabies:** \_\_\_\_\_ (please circle): 1 year / 3 year

Date of Last Physical Examination: \_\_\_\_\_

Date of Last Laboratory Tests:

Fecal: \_\_\_\_\_ Results (please circle): Negative / Positive

Heartworm: \_\_\_\_\_ Results (please circle): Negative / Positive

Flea Preventative: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_

Describe any reactions this dog has had to medication or flea control products: \_\_\_\_\_

Medical Problems, Allergies, etc: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**In my opinion, as a licensed veterinarian, the dog described above is of sufficient health to participate in the Pampered Pet Center, Inc. daycare program.**

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

Printed name: \_\_\_\_\_ License #: \_\_\_\_\_

Clinic Name, address, and phone number:

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