

**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:
