

## Health Certification Form

Dear Doctor:

The below listed dog is a participant in the Pup 'N Iron™ Stay and Learn Residential Program. It is our goal to ensure the health, safety and welfare of all dogs in attendance and your role in this process is extremely important. You are being asked to assess the animal's overall health. Please complete the following health screening form. Feel free to substitute your own form if you prefer, as long as the below listed information is addressed.

Thank you,  
Pup 'N Iron™

Dog's Name \_\_\_\_\_

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

Date \_\_\_\_\_

**(TO BE COMPLETED BY YOUR VETERINARIAN)**

You may fax it back to Pup 'N Iron at 540-659-7045

### General Health

The overall health of this animal is (select one):

Excellent (No serious chronic diseases or disorders)

Very good (Minor complaints associated with normal aging)

Good (Chronic conditions with occasional flare-ups)

Poor (Serious chronic condition requiring ongoing treatment)

Please describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.):

Anything contagious?  Yes  No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Vaccinations

Rabies - Date administered: \_\_\_\_\_

Expiration: \_\_\_\_\_

DHLPP – Date administered: \_\_\_\_\_

Expiration: \_\_\_\_\_

Bordetella – Date administered: \_\_\_\_\_

Expiration: \_\_\_\_\_

Please attach titer test results if applicable

### Parasite Control

External Parasite(s) controlled for: \_\_\_\_\_

Method of control: \_\_\_\_\_

Date of last fecal exam: \_\_\_\_\_

Results/Treatment: \_\_\_\_\_ *(Negative result required for completion)*

Signature of DVM: \_\_\_\_\_

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

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

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