

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email: (Please print clearly!) _____

Dog's Call Name: _____ Age: _____ Sex: _____

Breed: _____

Proof of Rabies Vaccination

Annual Proof of Rabies Vaccination is required for all dogs.

A copy of the veterinarian's receipt is acceptable.

Owner's name: _____

Dog's Name: _____

Rabies vaccine date: _____ 1-year 3-year (Circle one)

Tag#: _____

Distemper vaccine date: _____ Or Titer Date: _____

Bordetella vaccine date: _____ Or Bordetella Waiver: (Initial)

_____ I do not choose to give my dog(s) Bordetella vaccine. I accept responsibility should my

dog develop kennel cough which would be contagious to other dogs and agree to withdraw the dog

from class upon request.

Owner's signature: _____

Veterinarian's Name: _____

Clinic Name: _____ Phone: _____

Veterinarian's Signature (of no receipt attached)

_____ Date: _____