

OSU Puppy Kindergarten Veterinary Health Form

Puppy Name: _____ Date of Birth: _____

Owner Name: _____ Phone: _____

Address: _____

Veterinarian Name: _____

Veterinarian Email: _____

Licensed veterinarian to complete the following:

Physical Exam - Date received: _____

Vaccination Requirements (First vaccine must be given at least 7 days prior to start of class)

DHPP (DA2PP) Date received: _____

Bordatella Date received: _____

I, _____, hereby certify that the above named puppy is healthy and free of any signs of infectious disease. I can verify the above vaccines were given to this puppy at the dates listed.

Veterinarian signature

Date