

## Veterinary Health Form

Puppy's name \_\_\_\_\_  
 and date of birth \_\_\_\_\_  
 Owner's name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**Licensed veterinarian to complete the following:**

Veterinarian's name, address and email  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical exam – date received \_\_\_\_\_

*Vaccination requirements: First vaccine must be given at least seven days prior to the puppy's first day of class.*

DHPP (DA2PP) – date received \_\_\_\_\_

Bordetella – date received \_\_\_\_\_

*I certify that I have examined and vaccinated the animal above on the noted date(s) and at the time of examination found the puppy to be in good health and free of any communicable diseases that would prevent the puppy's participation in a group puppy socialization class.*

**Veterinarian's signature and date**



## Registration Form

Session start date \_\_\_\_\_

Owner's name, \_\_\_\_\_  
 phone number, \_\_\_\_\_  
 address \_\_\_\_\_  
 \_\_\_\_\_

Email \_\_\_\_\_

Puppy's name \_\_\_\_\_  
 and date of birth \_\_\_\_\_  
 Puppy's breed \_\_\_\_\_  
 and gender \_\_\_\_\_

Veterinarian's name, phone number and email  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you owned a dog before? \_\_\_\_\_

Please list the names of the people attending class:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*In consideration of the acceptance of this registration, I agree to hold The Ohio State University Veterinary Medical Center, their staff and students, harmless from any claim for loss or injury to person, dog, or property. I personally assume all responsibility and liability for any such claim.*

**Owner's signature and date**

