

**VETERINARY FORM – DOG**

*This form is required annually of Wright Pet Kennels' participants.*

*Please have your veterinarian complete this form. The information contained is necessary for the health and safety of all participating animals including yours.*

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In my opinion, as a licensed veterinarian, the animal described below is of sufficient health to participate in the Wright Pet Kennels, lodging/daycare program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



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

Owner's Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ years/months

Circle one:

Male - Female

Fertile - Spayed/Neutered

Please fill in the date of last vaccination and indicate if shots are 1yr or 3yr for the following:

Vaccinated:	Vaccination:	Next Due:
_____	Rabies (required by law)*	_____
_____	Canine Distemper*	_____
_____	Canine Hepatitis/Adenovirus*	_____
_____	Parvovirus*	_____
_____	Bordetella Intranasal*+	_____ & _____
_____	Bordetella Injectable*++	_____
_____	Leptospirosis	_____
_____	Influenza*	_____
_____	Heartworm Test	_____

Flea, Tick and Heartworm Preventative\* \_\_\_\_\_

List all medications this pet is currently taking. \_\_\_\_\_

*If a Titer Test has been done on the pet named here in please provide the test results.*

**\* Requirement to participate in Wright Pet Kennels Lodging and Daycare Program.**

\*+ Must be given twice (2) a year to be efficiently protected.

\*++ Recommended to be given twice (2) a year to be protected because efficacy is lower than the intranasal vaccine. Some of these vaccinations may or may not be included in 1 shot and may or may not be an annual or a 3 year dose; these are dependent on each individual veterinarian.

All vaccinations are a recommendation of the American Veterinary Medical Association.