



Health Certificate

This form must be completed by your veterinarian and returned to Narnia Pet Behavior & Training *before* your first scheduled class.

Class date and time: _____

Health Certificate

(To be completed by your veterinarian)

This is to confirm that _____, owned by _____, is up to date on inoculations, in good health, and free of parasites.

(Pet's Name)

(Owner's Name)

The following inoculations and tests have been given:

(Please check the circle, and fill in the date of the inoculation or test.)

- DHLPPC _____ *(Indicate type:)* 12 Month 36 Month
- Rabies _____ *(Indicate type:)* 12 Month 36 Month
- Negative fecal test _____
- Bordetella _____

Other comments: _____

Veterinarian's Signature: _____ Date: _____

This form can be faxed to Narnia Pet Behavior & Training at 630.904.7987.