

**K9Crazy Play Skool Play & Train Day Skool
VACCINATION/HEALTH CERTIFICATION**

Prior to your Dog's first visit, please provide appropriate documentation (either in the form of receipts or certificates) for the listed vaccinations and procedures. Or, please have your Veterinarian complete this form and fax to us. Thank you!

Owner's Name _____

Veterinary Office _____ Phone (____) _____

Dog's Name _____ Gender _____ Dog's Birthdate _____

Dog's Breed _____ Color/Markings _____

Dear Doctor:

I would like my pet to attend *k9Crazy Play Skool Play & Train Day Care*. Please complete and fax this form to them at 845-247-8875 at your earliest convenience. Thanks for your prompt attention.

Sincerely,

Signature of Owner

Vaccinations	Last Given	Next Due
Rabies:		
DHLPP:		
Bordatella:		
	Name	Freq.
Flea & Tick Prevention		
Heartworm Preventative		
Microchip Type & Number		
Spayed / Neutered? Y / N	Age of Procedure	

Other information *k9Crazy Play Skool* should know about my pet:

k9Crazy Play Skool

436 RT 28 2nd Floor, Kingston, New York 12401

Phone: 845-340-4322 • Fax: 845-247-8875 • <http://www.k9crazyplayskool.com>