



PAW IN HAND PET SERVICES

Box 3228, 40801 Perth Drive, Garibaldi Highlands, BC, V0N1T0

Tel: 604 892 4278 Email: maren@pawinhand.com Web: www.pawinhand.com

HEALTH VERIFICATION

Date: _____

Dear Veterinarian:

_____ (owner) has enrolled their dog in a training program with Paw In Hand Pet Services. We want to ensure that all dogs and puppies are in good health before going through our training program.

We would like to verify that _____ is in good health, is free from parasites, is current on vaccinations, and has no medical problems that could create or aggravate behaviour problems, or be aggravated by training. We would appreciate it if you would take a few minutes to record the following information for us so that we can proceed with training.

Thank You in advance,
Maren Bruun

Please comment if dog is on any medications, special diet or other relevant details:

I hereby certify that on date _____, 20 _____ I examined the above described animal, and to the best of my knowledge, find this animal to be free from infections, parasites or contagious diseases.

Veterinarian's Signature

Veterinarian's Name and/or Stamp