



Dog Health Verification

(One for each dog)

Dog's Name: _____

Handler's Name (print): _____

Phone Number: _____ Email: _____

I agree that information regarding my dog's health and veterinary records can be released to RocDog, Inc.

Owner's Signature: _____ Date: _____

		M	M	D	D	Y	Y
Date of Last Wellness Exam (within last year)							
Fecal Exam Negative for Parasites (within last year)	Neg ✓						
Distemper, Hepatitis, Parvovirus DHP Date Last Given/Checked	Titer ✓						
Distemper, Hepatitis, Parvovirus DHP Next Due (not expired)							
Rabies Last Date Last Given							
Rabies Next Date Due (not expired)							

Explanations (include titer information for DHP):

The dog listed on this form has been examined in this clinic and has been found to be physically healthy, free of contagious diseases, and free of parasites that are contagious to other dogs and people.

Veterinarian Signature: _____

Veterinarian Name (print): _____

Phone: _____

Date: _____

Veterinarian Address/Name Stamp