



105 Scoticut Neck Road
Fairhaven, MA 02719
Phone/Fax 508-990-7070
www.executivedog.com

*** Please fax or mail this form back for consideration**

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 _____

Spayed / Neutered at what age _____

Dear Doctor:

I would like my pet to attend The Executive dog, Inc. doggy daycare. Please complete and fax this form to them at 508-990-7070 at your earliest convenience. Thanks for your prompt attention.

Sincerely,

Signature of Owner

Vaccinations

Last Given

Next Due

Rabies:

DHLPP (inc. Parvovirus):

Bordatella/Kennel Cough:

Flea & Tick Prevention Program:
(Name/Frequency)

Heartworm Preventative:

Spay / Neuter:

Microchip Type & Number: