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### Vaccination & Health Certification Form

\*Please complete and return to Dawg Dayz Grooming & Care LLC 24 hours before appointment.

#### **Part I (to be completed by owner)**

Owner's name: \_\_\_\_\_ Dog's name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ When spayed/neutered \_\_\_\_\_

This form is to verify that my dog is current on the listed vaccinations and in good health. Any current or historic health conditions affecting my dog must be noted. In addition, this form provides my permission for my veterinarian's office to release complete health and/or vaccination information relating to my dog directly to Dawg Dayz Grooming & Care LLC.

#### **Part II (to be completed by dog's veterinarian)**

1. Please comment on the above dog's behavior and appropriateness for day care—

2. Date of last visit \_\_\_\_\_

3. Vaccinations-

- Rabies

Last Given: \_\_\_\_\_ Next Due: \_\_\_\_\_

- DHLPP

Adults: Last Given \_\_\_\_\_ Next Due: \_\_\_\_\_  
Puppies: \_\_\_\_\_

- Bordatella

Last Given: \_\_\_\_\_ Next Due: \_\_\_\_\_

- Fecal Exam

Last Given: \_\_\_\_\_ Results: \_\_\_\_\_ Next Due: \_\_\_\_\_

The information provided on this form is true to the best of my knowledge.

Authorized Personnel Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name and Job Title (print please): \_\_\_\_\_

Hospital or Clinic Name (print please): \_\_\_\_\_