Sunshine School for Dogs LLC

Immunization Verification

Owner/Handler

Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email Address _____ Work Phone _____

Fax _____

Puppy/Dog

Name _____ Breed _____

Birth Date _____ Sex _____ Male _____ Female

_____ Neutered _____ Spayed

Vaccination Dates - please enter date of most recent vaccination

Rabies _____ DHLP _____ Parvo _____ Bordetella _____

Other _____

Veterinary Hospital/Clinic

Name _____

Veterinarian Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Veterinarian Signature _____

Date _____