

UnLeash Yourself



BILL OF HEALTH

We require all dogs who attend training classes to be in good health and adequately protected from disease. Please have your veterinarian fill out and sign this form, and return it to us by the first class in your session. Titer Test and Holistic accepted. Your Dog must be on a flea prevention program.

Dog's Name: _____ Owner's Name: _____

Veterinarian's Name: _____

Clinic Name: _____

Address: _____ Phone: _____

In order for this dog to be admitted to class, please certify the following:

I certify that the dog named above is in good health as appropriate for his/her age, and has received all necessary vaccinations.

Veterinarian's Signature: _____ Date: _____

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1526 NE Alberta #149 Portland, OR. 97211

tel: 503-349-3088

web: www.unleashyourself.biz

email: gina@unleashyourself.biz