

Paws At Play

3122 Heritage Trade Drive
Wake Forest, NC 27587
(919) 556-8383



Certificate of Health for Canine Socialization

- Please complete one certificate per pet
- No pets are admitted if under 3 months
- No pets are admitted within three weeks of the last required vaccines if fewer than 6 months or newly adopted.

Section 1 – Owner to complete this section

Please Print Clearly

Name: (1) _____ (2) _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell _____
Work _____ Other _____
Dog's Name _____ Breed _____ Color _____ DOB _____
Veterinarian/clinic that spayed/neutered your dog _____ Phone _____

Section 2 – Veterinarian to complete and sign

Please Print Clearly

Date Vaccine was given:

1. DHLPP or equivalent combination: _____
2. Bordetella: _____
3. Rabies: _____ 1 year / 3 Year (circle one)
4. Date of last de-worming: _____ Name of drug used: _____

Date of laboratory test:

1. Fecal: _____ Results: _____
2. Heartworm: _____ Results: _____
Heartworm Prevention client purchases: _____
*Paws At Play recommends Interceptor or Sentinel
3. Titers: CVD-SN _____ CPV-2: _____ (if done in lieu of DHPP)

* Please attach a hard copy of all vaccines and test results. Also attach proof of purchase of flea control*

General Information:

Is the pet spayed or neutered? _____

Has the pet listed been seen by your clinic for any internal parasites OR do you have any previous knowledge of any internal parasites?

Has the pet listed above been seen by your clinic for any communicable skin disease OR do you have any previous knowledge of any communicable skin disease?

Please complete all information; the client's pet cannot attend if the information is incomplete

I am a licensed North Carolina Veterinarian. I attest that the above information in section 2 is correct to the best of my knowledge.

Name (please print)

Signature

License number (if not in NC)

Clinic Name

Clinic Phone Number

Date form was completed