



# Harmonious Hounds

Dog Training

Dog Walking

Pet Sitting

**Owner's Name:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

## VETERINARY RELEASE FORM

**Name of Veterinary Clinic:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

## REQUIRED VACCINATIONS

Puppies must have received their first round of vaccinations at least 7 days prior to the start of class  
Dogs younger than 6 months are exempt from the Rabies vaccine requirement, as dictated by MA General  
Law & CMR 330

**Date of most recent RABIES vaccination:** \_\_\_\_\_

**Valid until:** \_\_\_\_\_

**Date of most recent DISTEMPER/PARVOVIRUS complex:** \_\_\_\_\_

**Valid until:** \_\_\_\_\_

## EXTERNAL PARASITE PREVENTATIVE

**Brand/Type of Flea Preventative:** \_\_\_\_\_

**Administered on a** \_\_\_\_\_ **cycle**

**Brand/Type of Tick Preventative:** \_\_\_\_\_

**Administered on a** \_\_\_\_\_ **cycle**

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# INTERNAL PARASITES

**Brand/Type of Heartworm Preventative:** \_\_\_\_\_

**Stool has been tested by** \_\_\_\_\_ **on** \_\_\_\_\_  
(Lab name or in house test) (Date)

**Tested for:**

**NOT DETECTED      DETECTED**

<b>Hookworms</b>	_____	_____
<b>Whipworms</b>	_____	_____
<b>Tapeworms</b>	_____	_____
<b>Roundworms</b>	_____	_____
<b>Coccidia</b>	_____	_____
<b>Giardia</b>	_____	_____
<b>Other:</b>	_____	_____

**If parasites were detected, the pet was treated with:** \_\_\_\_\_  
(Name of drug(s))

**on:** \_\_\_\_\_  
(Date(s))

**Veterinary Representative Signature or Stamp**



**Authenticating this form indicates that, to the best of the office's knowledge, the dog is properly vaccinated, free of communicable diseases/parasites, and deemed fit to attend a group training class.**

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