



Harmonious Hounds

DOG TRAINING - DOG WALKING - PET SITTING

VETERINARY RELEASE FORM

Owner's Name: _____ **Pet's Name:** _____

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, in line with MA General Law & CMR 330

Date of most recent RABIES vaccination: _____

Valid until: _____

Date of most recent DISTEMPER vaccination: _____

Valid until: _____

Date of most recent PARVOVIRUS vaccination: _____

Valid until: _____

EXTERNAL PARASITE PREVENTATIVE

Brand/Type of Flea Preventative: _____

Administered on a _____ **cycle**

Brand/Type of Tick Preventative: _____

Administered on a _____ **cycle**

Owner's Name: _____ **Pet's Name:** _____

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

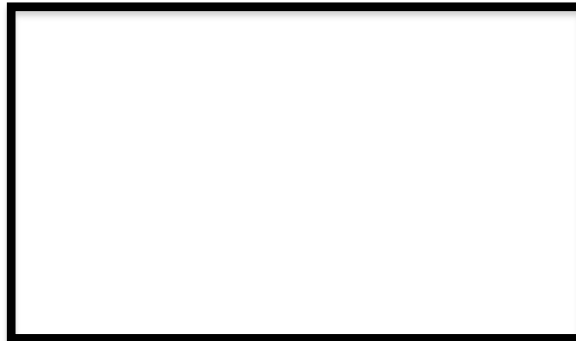
Hookworms	_____	_____
Whipworms	_____	_____
Tapeworms	_____	_____
Roundworms	_____	_____
Coccidia	_____	_____
Giardia	_____	_____
Other:	_____	_____

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

on: _____ **. Pet was then retested on:** _____
(Date(s)) (Date(s))

and _____ **WAS / WAS NOT detected.**
(Type of Parasite) (Circle one)

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.