

Veterinarian Training Release Form

Client Info

Clients Name: _____ Phone Number: _____
 Address: _____ City: _____ State: ___ Zip code: _____

Vet Info

Veterinarian Office: _____ Veterinarian Name: _____
 Phone Number: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip code: _____

Dog Info

K9's Names: _____ Age: _____ Sex: Male / Female Breed: _____

Check List

Current On Shots	<i>Yes / No</i>
Rabies	Date Expired _____
Canine Distemper	Date Expired _____
Bordetella	Date Expired _____
Parainfluenza	Date Expired _____
Kennel Cough	Date Expired _____
Parvovirus	Date Expired _____

Is the K9 on any Medications *Yes / No*
 List Medications _____

Any Pre Existing Health Conditions or Injuries? *Yes / No*

If yes list below: _____

I _____, Certifies that there was no visible skin conditions, health conditions, & underlying injuries.

I the Client _____, By selecting this option, I choose not to get a vet health check up. I attest that there are no underlying health issues or preexisting conditions. This and absolves United K9 Academy of and fault related to any preexisting conditions or health issues.

I _____ Allow To take my dog to the vet in case of emergencie.

 Print Name Signature Date