

Dog-On Vacation

Doggie resort

Veterinarian Release Form

Vet. Clinic: _____

Dr. Name: _____

Dr. Phone Number: _____

Owners Name: _____

Dogs Name: _____

Vaccinations and date administered

Rabies: _____

Parvovirus: _____

Bordatella/Kennel Cough: _____

D. H. L. P. P.: _____

Flea Protection: _____