

# THE ANN ARBOR DOG TRAINING CLUB

## VET FORM

ALL TRAINEES ENROLLED IN THE ANN ARBOR DOG TRAINING CLUB MUST HAVE THE HEALTH CERTIFICATE COMPLETED BY A VETERINARIAN **NOT MORE THAN THREE WEEKS PRIOR TO THE START OF CLASSES** AND PRESENT IN ON ARRIVAL AT THE FIRST CLASS.

1. If your dog's fecal check was positive, you may attend classes provided treatment was administered. You must submit a follow-up fecal report not more than 4 weeks after treatment.
2. If your dog was 5 months old or older on March 15, you are required to submit (negative) results of a heartworm check.
3. DO NOT MAIL YOUR HEALTH CERTIFICATE TO THE REGISTRAR. REMEMBER TO BRING IT TO YOUR FIRST CLASS. YOU MAY NOT BRING YOUR DOG ON THE PREMISES WITHOUT A COMPLETED HEALTH CERTIFICATE.
4. Please go to class without the dog if it appears to be ill at any time during classes.

### AADTC HEALTH CERTIFICATE

DOG'S NAME: \_\_\_\_\_ BREED OF DOG: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ APPROX HEIGHT/WEIGHT \_\_\_\_\_

FECAL CHECK† \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RESULTS \_\_\_\_\_

IF Fecal POSITIVE: DATE OF TREATMENT \_\_\_\_\_ † A negative Fecal Examination within the last 12 weeks

DATE OF DAPL/P VACCINATION \_\_\_\_\_

DATE OF RABIES IMMUNIZATION \_\_\_\_\_

EXPIRATION (CK ONE) 1 YR 3 YR

ECTOPARASIDES\* (CK) NEG. TREATED \*FLEAS, TICKS, MANGE

DATE OF HEARTWORM CK \_\_\_\_\_ RESULTS \_\_\_\_\_

I certify that on (date): \_\_\_\_\_ I examined the dog described above and found him/her to be free of infectious or contagious diseases.

VETERINARIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_