

Unleash Yourself



BILL OF HEALTH

We require all pup's who attend training classes to be in good health and adequately protected from disease. Please have your **veterinarian** fill out and **sign** this form, and return it to us by the first class in your session. Titer Test and Holistic accepted.

Dog's Name: _____ Guide's Name: _____

Veterinarian's Name: _____

Clinic Name: _____

Address: _____ Phone: _____

In order for this dog to be admitted to class, please certify the following:

I certify that the dog named above is in good health as appropriate for his/her age, and has received all vaccinations you (the vet) deem necessary.

Veterinarian's Signature: _____ Date: _____

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POSTAL CENTRAL * 1526 NE Alberta, Box #149 Portland, Oregon 97212

Tel: 503-349-3088

web: www.unleashyourself.biz

email: gina@unleashyourself.biz