

Please print out below to bring to your veterinarian.
Babette Haggerty's Dog Training, LLC
917-547-9147

Dear Doctor

_____ (OWNER) has enrolled _____ (DOG'S NAME) in training with us. For the dog's well being, we want to make sure that _____ (DOG'S NAME) is healthy before beginning the program.

HEALTH AND VACCINATION RECORDS

We would like to verify that _____ (DOG'S NAME) is in good health, is current on vaccines, and has no medical problems that could create or aggravate behavior problems, or be aggravated by training. We realize that your time is short, but if you could take a moment to record the following information we would greatly appreciate it.

Should you have any questions, please feel free to call 917-547-9147

Thank you.

Babette Haggerty's School for Dogs

VACCINATIONS

DHLP _____ DATE	RABIES _____ DATE
PARVO _____ DATE	BORDATELLA _____ DATE
CORONAVIRUS _____ DATE	FECAL CHECK RESULTS _____ +/- DATE
HEARTWORM _____ DATE	
_____ VETERINARIAN'S SIGNATURE	_____ HOSPITAL STAMP/NAME

PLEASE MAIL THIS FORM WHEN COMPLETED TO:

Babette Haggerty's Dog Training, LLC
403 East 64th Street
New York, NY 10065