

VACCINATION / HEALTH CERTIFICATION

Prior to your Dog's first visit, please provide appropriate documentation for the listed vaccinations and procedures by asking your Veterinarian to complete this form and fax to us. Thank you!

Vet's Authorization - Multiple Pets

From: Owner	Phone
Address	Zip
My Dog's Name(s)	

Dear Doctor:

I would like my pet(s) to attend The Royal RuffHouse - Doggie Stay & PlayCare. Please complete this form for my dogs listed below and fax it to them at **760-948-8387** at your earliest convenience. Thanks for your prompt attention. Sincerely,

Signature of Owner

		Vaccinations	Last Given	Due Next	Other (if Applicable)
Dog #1	Name	Rabies:			Spayed/Neutered? Y N
	Breed	DHLPP (incl. Parvo):			At what Age?
	Age Sex	Bordatella:			Microchipped? Y N
	Color/Markings				Microchip #

		Vaccinations	Last Given	Due Next	Other (if Applicable)
Dog #2	Name	Rabies:			Spayed/Neutered? Y N
	Breed	DHLPP (incl. Parvo):			At what Age?
	Age Sex	Bordatella:			Microchipped? Y N
	Color/Markings				Microchip #

Other information The Royal RuffHouse should know about my pet(s):

		RRH USE ONLY
		Auth by
		Form on file
Vet's Name	Address	
Phone	Vet's Signature	



The Royal RuffHouse - Doggie Stay & PlayCare

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