

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!

Owner's Name		Phone	
Address			
Veterinary Office		Phone	Vet's Name
Address			
Dog's Name		Dog's Breed	
Gender	Dog's Birthdate	Spayed / Neutered Yes / No	Age?
Color/Markings			

Dear Doctor:

I would like my pet to attend The Royal RuffHouse – Doggie Stay & PlayCare. Please complete and fax this form to them at **760-948-8387** at your earliest convenience.

Thanks for your prompt attention.

Sincerely,

Signature of Owner

Vaccinations	Last Given	Due Next
Rabies:		
DHLPP (incl. Parvovirus):		
Bordatella:		
Microchip I.D. Type & Number		
Other information The Royal RuffHouse should know about my pet:		

Veterinary Office	Phone	Vet's Name
Address		Vet's Signature



The Royal RuffHouse - Doggie Stay & PlayCare

9963 Peach Ave. Hesperia CA 92345

☐☐☐ tel: 760-948-8386 fax: 760-948-8387

☐☐☐ www.royalruffhouse.com☐☐☐