

Positive K9, LLC Health Record

Information below is required to be current and on file with Positive K9, LLC as a condition of participation in any training class or event for each animal enrolled. This form is provided as a convenience; a printed, signed record from your veterinary practice may be provided as a substitute.

Positive K9 LLC strongly recommends ongoing use of effective flea and tick prevention. Please ensure your dog is free of shareable parasites prior to attending any class or event.

Please bring completed form or equivalent to FIRST session of class or enrolled event. No additional certification is required for subsequent events as long as information is current and substantiates compliance with NC/local statute and ongoing responsible prevention of contagious disease.

Name of Dog: _____ Sex: _____

Breed: _____ Date of Birth: _____

Owner's Name: _____

Owner's Address: _____

Vaccination Record (most recent date):

Rabies (dogs aged six months or more): _____

Distemper: _____ or Titer Date: _____

Parvovirus: _____ or Titer Date: _____

Additional Vaccines (if applicable): _____ Date: _____

_____ Date: _____

Veterinarian Signature: _____ Date: _____