

# Good Dog! Project Immunization Form



County: \_\_\_\_\_ Club: \_\_\_\_\_



## Owner's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Dog's Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Color/Distinguishing Marks \_\_\_\_\_

## Veterinarian's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**I verify that the above dog is current on immunizations against the following and is receiving appropriate flea and heartworm preventatives:**

Canine Parvovirus  Yes  No

Canine Distemper virus  Yes  No

Canine Adenovirus  Yes  No

Canine Parainfluenza virus  Yes  No

Bordetella Bronchiseptica  Yes  No

Rabies  Yes  No

Flea and Heartworm Preventative  Yes  No

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

