



# Clermont County Dog Training Club Health Statement

Once a calendar year Clermont County Dog Training Club needs a statement signed by your veterinarian stating that the dog you are bringing to a class is in good health and that the dog has all of the vaccinations that you and your vet feel are needed for good health

Please answer all of the questions asked in this form. One form per dog/class, please

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dog's Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

*By signing below, I agree that the above mentioned dog (one form per dog) is in good health, is current on all vaccinations required by the this county (Rabies) and has vaccinations that the client and I feel are needed for the health of the dog.*

Veterinary Clinic Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_  
(please print)

Veterinarian Signature: \_\_\_\_\_

*Mail completed form and health statement to:*  
**CCDTC Registrar (please list either obedience or agility)**  
6058 Kells Lane  
Milford, OH 45150  
(Checks payable to CCDTC)

\*\*\*\*\*For Office use Only  
Health certificate received \_\_\_\_\_