



Clermont County Dog Training Club Health Statement

Once a calendar year Clermont County Dog Training Club needs a signed statement 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 state of Ohio (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 _____