**Dog Vaccination Form**

***To Be Completed By Owner***

Last Name: First Name:

Street Address:

City: State: Zipcode:

Phone Number: ( ) - Email:

***To Be Completed By Veterinarian***

Dogs Name:

Breed: Gender: Date of Birth: / /

**Vaccines and Dates Administered**

Distemper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parvo: \_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Tag Number

Is this dog known to be aggressive towards humans or other dogs?

 If yes please explain:

Clinic Name:

Veterinarian Name:

Signature:

Phone Number: ( ) - Date: / /

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| *Stamp Required* |