

Pet Permission Slip

Sponsored by



Permission slip for professional pet care facility activities (completed by your veterinarian):

Dog's name: _____ Owner: _____

Dog age: _____ Breed: _____ Weight: _____ Sex: _____

Vaccines

Please select vaccines administered and indicate last date of administration:

- ☐ Distemper, Parvo, Parainfluenza, Hepatitis/Adenovirus _____
- ☐ Leptospirosis (annually) _____
- ☐ Mucosal Bordetella bronchiseptica _____
- ☐ Mucosal Parainfluenza _____
- ☐ Rabies _____
- ☐ Canine influenza RNA particle vaccine _____

Parasite prevention

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Temperament recommendations

- ☐ No group play
- ☐ Small group play
- ☐ Large group play
- ☐ No restrictions
- ☐ No recommendations/decline to recommend

All the above indicated steps have been performed to provide the best protection for indicated pet.

Veterinarian's signature

Date



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