

# PUPPY SOCIALIZATION HEALTH FORM

For the protection of your puppy and others, this form must be presented along with application for attending the puppy socialization class.

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Puppy's Name: \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_

My veterinary stamp or signature indicates that I am reasonably comfortable with this puppy's health and he (she) has received a minimum of their first series of vaccines for protection against infectious diseases.

\_\_\_\_\_  
Signature or Stamp of Veterinarian      Date

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**CANINE ACADEMY**  
377 W. Lincoln Hwy.  
Pennel, PA 19047  
Phone: 215-757-8193  
Fax: 215-757-4526  
Email: [info@canineacademy.com](mailto:info@canineacademy.com)