

# HAPPY PAWS VACCINATION FORM

## Health Certification

I, \_\_\_\_\_, hereby certify that my dog(s)  
\_\_\_\_\_

The pet known as: \_\_\_\_\_

Is up to date on the following vaccinations:

Bordetella date: \_\_\_\_\_

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

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

Parainfluenza date: \_\_\_\_\_

Parvovirus date: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

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

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

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

Please fax to **202-363-7296**