

Canine Life and Social Skills Veterinarian Certificate



Please return completed form to your C.L.A.S.S. Evaluator as a requirement to earn your dog's B.A.

OWNER / DOG INFORMATION

Owner's Name: _____ Student ID: **S** _____ Dog ID: **D** _____

Dog's Name: _____ Dog's Breed: _____

VETERINARY INFORMATION

Clinic/Hospital Name: _____

Mailing Address: _____

Phone: _____

VETERINARIAN STATEMENT

I, _____, from _____
Name of Veterinarian Name of Veterinary Clinic/Hospital

attest that _____ has brought _____
Owner's Name Dog's Name

into our clinic/hospital for a routine examination within the last year, and that this dog has been well-cared for, well-groomed, and has a current Rabies vaccination or is otherwise legally exempt.

Veterinarian's Signature _____ Date: _____

