

# Annual Veterinary Certification

River Valley Obedience & Field Trial Club  
PO Box 3216, Postal Station B  
Fredericton, New Brunswick  
E3A 5G9  
TEL: 444-8874

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

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

Tel. # : \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

This dog has been vaccinated for:

\_\_\_ Distemper    \_\_\_ Parvovirus    \_\_\_ Caronavirus

\_\_\_ Hepatitis    \_\_\_ Rabies    \_\_\_ Parainfluenza

Other: \_\_\_\_\_

I \_\_\_\_\_ hereby certify that this dog is healthy, friendly,  
free of parasites and is able to participate in a hospital visitation program.

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital & Address: \_\_\_\_\_

\_\_\_\_\_