

## DOTCORNY INOCULATION CERTIFICATION FORM

(585)-251-1784 www.dotcorny.com

## USE THIS FORM TO REPORT INMMUNIZATIONS ADMINISTERED BY OTHER THAN A VETERINARY PROFESSIONAL

For Dogs Less than 1 year -list all puppy vaccinations for Distemper & Parvovirus. For Dogs over 1 year – list all adult vaccinations for Distemper & Parvovirus within the past 3 years.

## SUBMIT DOCUMENTATION FOR THE ABOVE LISTED VACCINES (INVOICES, PURCHASE RECEIPTS, OR CONTAINER LABELS) ALONG WITH THIS FORM

Attach a copy of the dogs rabies certificate for dogs 4 months and older.

Dog's Name	Vaccine	Date Administered	Place	Vaccinated by

CERTIFICATION AND RELEASE STATEMENT				
I certify that the above record of vaccinations is complete and correct, and I Club of Rochester, NY, Inc (DOTCORNY) from any and all liabilities resultabove medications by other than a veterinary professional. I understand excuse from classes or deny training facility access to any individuals who is or documentation for the above immunizations.	alting from the administration of the that DOTCORNY has the right to			
Signature	Date			