



20 ridgewood road
cold spring, new york 10516
845-642-0002
john@shepherdandgrey.com

MEDICAL CHECKLIST

Pet name(s): _____

Client name(s): _____

Please present proof of the following vaccinations. All vaccines must be administered at least one week before the start of service:

- RABIES (required by law, within three years)

- DPP (distemper/parvo/parainfluenza, within three years) *or* TITER TEST (within one year)

- BORDETELLA (“kennel cough,” within one year)

Please share some information regarding your dog’s most recent preventative treatment for:

HEARTWORM Type/brand: _____

Date administered: _____

FLEA-AND-TICK Type/brand: _____

Date administered: _____

Thank you!