



20 Ridgewood Road  
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## 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!*