



St. John Ambulance Brigade

## TO WHOM IT MAY CONCERN

NAME OF DOG \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF DOG \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMDER HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

I verify to the best of my knowledge that the above-mentioned dog(s) is/are vaccinated for distemper, leptospirosis, para-influenza, parvo virus and rabies on a regular basis and test with negative results for heartworm and the fecal sample is free of parasites. The dog(s) are physically fit and clean and able to participate in a visiting program to hospitals and nursing homes as a member of the ST. JOHN AMBULANCE THERAPY DOGS.

SIGNATURE OF VETERINARIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please print clearly your name and business address below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_