



THE MINDFUL MASTER AND NAUSET PET SERVICES  
 PHONE: 508-255-0081 FAX: 508-247-9209



VETERINARY PERMISSION SLIP  
 PUPPY PRIMER CLASS

We abide by the recommendation and vaccination protocols set forth by your personal licensed veterinarian for you and your particular pet. Vaccination efficacy, schedules, and risks for puppies vary with age and many veterinarians adjust their recommendations accordingly.

For this reason we do not dictate exactly what or how many vaccinations your puppy must have prior to class attendance. We feel this recommendation is best left to your personal veterinarian.

Your puppy must be seen regularly by a licensed veterinarian and deemed to be in good health, free of communicable disease or parasites, and adequately protected against disease for your dog's health and the health of our other students.

We ask that dogs adopted from shelters wait at least 10 days prior to attending class to guard against transmitting diseases that may be incubating following their time in the adoption kennels.

**PLEASE RETURN OR FAX TO NAUSET PET SERVICES PRIOR TO  
 PUPPY PRIMER SOCIALIZATION CLASS START DATE.**

Date \_\_\_\_\_ Client's Name \_\_\_\_\_

Dog's name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_

DHLPP	6-8 weeks	10-12 weeks	14-16 weeks
CORONA	6-8 weeks	10-12 weeks	14-16 weeks

BORDATELLA	10-12 WEEKS	Given:	Expires:
RABIES	12-14 WEEKS	Given:	Expires:

I have examined this puppy and found him or her to be in good health and free of communicable diseases and parasites. After reviewing the above patient's health records and discussing with them recommended vaccination schedules and the risks of common canine viruses and diseases, I give permission for the above dog to attend the Puppy Primer Socialization Class group puppy class at Nauset Pet Services.

DVM Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone # \_\_\_\_\_

DVM Signature: \_\_\_\_\_