



Dog Mountain Lodge
 PO Box 59
 Lake Huntington, NY 12752
 Phone/Fax 845-932-9393

Proof of Vaccination (to be supplied by veterinarian)

Pet Owner's Name First _____ Last _____

Dog #1	Name	Breed	Age	Color
	DHPP	Good till	/	/
	RABIES	Good till	/	/
	BORDATELLA	Good till	/	/

Dog #2	Name	Breed	Age	Color
	DHPP	Good till	/	/
	RABIES	Good till	/	/
	BORDATELLA	Good till	/	/

Cat #1	Name	Breed	Age	Color
	FVRCP	Good till	/	/

Cat #2	Name	Breed	Age	Color
	FVRCP	Good till	/	/

Veterinarian Office Name _____

Staff Confirmation Name _____ Signature _____