



ATTENDING VETERINARIAN CERTIFICATION FORM

Veterinarian's Information:

(Please Print Clearly)

(First Name) (Middle Name) (Last Name) DVM / VMD
(circle one)

(Clinic Name—if any) (State Veterinary License Number)

(Address)

_____, _____, _____
(City) (State) (Zip Code)

(_____) - _____ - _____ (_____) - _____ - _____ (_____) - _____ - _____
(Work Phone) (Home Phone) (Cell Phone)

(E-mail) (Web Site)

I certify that I am currently a practicing and licensed veterinary practitioner in the state of _____
and that I am the attending veterinarian for the below listed breeder:

(Veterinarian's Signature) ____/____/____
(Date)

Breeder's Information:

(Please Print Clearly)

(First Name) (Middle Name) (Last Name)

(Kennel Name—if any)

(Address)

_____, _____, _____
(City) (State) (Zip Code)

(_____) - _____ - _____ (_____) - _____ - _____ (_____) - _____ - _____
(Work Phone) (Home Phone) (Cell Phone)

(E-mail) (Web Site)

Please attach your attending veterinarian's protocols such as: inoculation & worming, kennel cleaning and sanitation, feeding and nutrition, parasite delousing, etc.

Mail this form to: American Canine Association, Inc. ● PO Box 121107 ● Clermont, FL 34712