



**DES MOINES OBEDIENCE TRAINING CLUB  
VETERINARY VACCINATION WAIVER**



Date: \_\_\_\_\_

In my medical opinion, the below-listed dog, having been examined by me within the last 12 months, should not be vaccinated for DAPPV Rabies (circle applicable) due to medical or age-related reasons.

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

State License Number: \_\_\_\_\_

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

Dog Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Previous Vaccination History:

DAPPV: \_\_\_\_\_ (date given last)

Rabies: \_\_\_\_\_ (date given last)