

SADTC vaccination policy can be found at www.sadtc.org , choose “Training Schedule” from the menu on the left of the homepage.

In lieu of a vaccination certificate, an acceptable proof of vaccination is a letter, signed by a licensed Veterinarian, stating that the dog is current on all vaccines recommended by that Veterinarian for that dog. The letter should be dated within 2 months of registration and, unless noted, is valid only for that registration period.

The following form letter, when signed by a licensed Veterinarian, will be accepted as proof of vaccination for class registration.

1. Check the vaccination records you already have. If they meet policy, you do not need to present additional documentation.
2. Print the letter.
3. Fill in the owner, dog, and hospital information. Remember, if we can't read it, it's not valid.
4. Contact your veterinarian. The form must be signed (not stamped) by a licensed veterinarian.
5. Present signed form at class registration.



Dear Veterinary Doctor,

The San Antonio Dog Training Club has implemented the following vaccination policy for all dogs participating in Club sponsored classes. We understand that standard vaccination certificates may not reflect an individualized vaccination schedule as discussed and agreed upon by the owner and yourself. This letter, when signed by you, meets our criteria for proof of vaccination. Please review the information and sign and date this letter. We offer the option of adding a "valid until" date so that additional documentation will not be needed for subsequent class registration. If you choose not to include a "valid until" date, please strike through or initial that blank. Thank you.

San Antonio Dog Training Club Vaccination Policy for Adult Dogs:

Distemper, Adenovirus (also called Hepatitis), Parvovirus, and Bordatella

Annually or as prescribed by a Veterinarian

Rabies

Booster at 1 year, then every 3 years

Owner _____

Dog's name _____

Address _____

Breed _____

Color _____

Telephone _____

Age _____

Sex _____

Veterinary Hospital _____

Address _____

Telephone _____

The dog described above has been evaluated at my hospital and is in compliance with this clinic's vaccination protocols.

Veterinarian's signature _____

License # / state _____

Date: _____ Valid until _____