

**This is to certify that**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your dog must be in good health and current on all immunizations in order to**

**Attend obedience classes with commonwealth dog obedience**

**Authority name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

**CERTIFICATE OF**

**HEALTH ACCREDIATION**