

Pittsburgh, PA Pugs
RECEIPT OF HEALTH GUARANTEE
& PUPPY CARE GUIDE

My signature below certifies that I have received a copy of Pittsburgh PA Pugs Health Guarantee and Puppy Care Guide. I have read and understand the Health Guarantee and Puppy Care Guide. I agree to follow recommended veterinary care and vaccination schedules.

Date: _____

Printed Name: _____

Address: _____

Signature:
