



## CANINE VITAL SIGNS TRAINER

# CERTIFICATE OF COMPLETION

### 3 topics addressed:

1. Landmarks for Vital Signs
2. Proper Heart and Breath Rate and Temperature Check
3. Urine and Fecal Sample Procedures

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Student name

**has successfully completed the Canine Vital Signs curriculum**

**On** \_\_\_\_\_  
Date

**From** \_\_\_\_\_  
Name of school/organization

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Teacher Signature