

Send this form to your vet via email for him/her to complete and sign, or print it and give it to your vet. Once completed and signed, upload it to your profile in the Faithful Paws Member Portal.

HEALTH RECORD - DOG

Name of Owner:		Name of Animal:	
Animal Date of Birth:	Breed:	Age:	Weight:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N	Color:	

Requirements:	Date Given	Expiration Date
Exam: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual		
Rabies (signed certificate must be uploaded into member portal)		

Parasite Prevention: <input type="checkbox"/> Y <input type="checkbox"/> N	Flea and Tick Prevention: <input type="checkbox"/> Y <input type="checkbox"/> N
Heartworm Clear: <input type="checkbox"/> Y <input type="checkbox"/> N	Fecal Clear: <input type="checkbox"/> Y <input type="checkbox"/> N
Hearing Well: <input type="checkbox"/> Y <input type="checkbox"/> N	Eyesight Good: <input type="checkbox"/> Y <input type="checkbox"/> N

If "no" to any of the above, please explain. Please explain if medical reasons for not giving any vaccinations or preventatives:

Has this animal shown signs of aggression or needed to be muzzled for an exam? Y N

If yes, please explain:

Since your last exam, have you observed or diagnosed any changes in behavioral or medical conditions, requiring that we need to re-evaluate this animal to allow them to continue to safely participate in pet therapy visits, which can involve walking distances, interaction with children, elderly, rehab, hospice or and patients hospitalized for medical or mental issues on an inpatient or outpatient basis? Y N

If yes, please explain:

I hereby certify that I have examined the above animal and to the best of my knowledge find it physically and mentally healthy, free of contagious diseases, and free of pain that could cause unusual or unpredictable behavior. I am aware that this pet will be involved in animal assisted therapy and I have no reservations about this participation.

Comments:

Signature of licensed veterinarian:

Address:	Date:
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Address stamp of veterinarian below: