

INITIAL HEALTH RECORD – DOG

*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.*

Name of Owner:

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

Vaccination	Date Given	Expiration Date
Rabies		
DHLPP - Distemper, Hepatitis, Leptospirosis (optional), Parainfluenza, Parvovirus		
Bordetella (optional)		

Date of Last Examination:

Heartworm Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N	On Heartworm Preventative: <input type="checkbox"/> Y or <input type="checkbox"/> N
Fecal Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N	Eyes Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N
	Ears Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N

If no to any of the above, please explain:

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

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:
----------	-------

Address stamp of veterinarian below: