

INITIAL HEALTH RECORD – RABBIT

*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:	

Faithful Paws recommends regular topical flea/mite control (i.e. Revolution). Do not administer within a few days of a pet therapy visit to prevent transferring to the hands of patients.

Date of Last Examination:

Eyes Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N	Nose Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N	Ears Clear: <input type="checkbox"/> Y or <input type="checkbox"/> N
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If no to any of the above, please explain:

Respiratory System Normal: <input type="checkbox"/> Y or <input type="checkbox"/> N	Digestive System Normal: <input type="checkbox"/> Y or <input type="checkbox"/> N
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If no to either of above, please explain:

Teeth Normal (teeth are not overgrown, including back teeth: Y or N

If no, 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: