

### NEW MEMBER HEALTH RECORD - DOG

Name of Owner:		Name of 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:	

<b>Vaccination</b> <i>(*indicates required unless medically contraindicated by veterinarian)</i>	<b>Date Given</b>	<b>Expiration Date</b>
*Exam: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual		
*Rabies		
DHLPP - Distemper, Hepatitis, Leptospirosis (optional), Parainfluenza, Parvovirus		
Bordetella		
*Heartworm and Parasite Prevention		
*Flea and Tick Prevention		
*Fecal		
Lepto separate vaccination		
Canine Influenza Vaccination		

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

*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: