



**Faithful Paws at Bellaire United Methodist Church**  
**INITIAL HEALTH RECORD – RABBIT**

(Print out, have vet fill out, and send in with application.)

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Animal \_\_\_\_\_ Breed \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Faithful Paws recommends regular topical flea/mite control (eg: Revolution).

Do not administer within a few days of a pet therapy visit to prevent transferring to hands of patients.

Date of last veterinarian examination: \_\_\_\_\_

Eyes Clear: Y or N

Nose Clear: Y or N

Ears Clear: Y or N

If No, explain: \_\_\_\_\_

Respiratory System Normal: Y or N

Digestive System Normal: Y or N

If No, explain: \_\_\_\_\_

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

If No, 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 \_\_\_\_\_

address stamp of veterinarian here: \_\_\_\_\_ Phone \_\_\_\_\_