



Faithful Paws at Bellaire United Methodist Church
INITIAL HEALTH RECORD – CAT
(Print out, have vet fill out, and send in with application.)

Name of Owner: _____ Date: _____

Name of Animal _____ Breed _____

Date of birth _____ Age _____ Weight _____

VACCINATIONS

Date Given:

Expiration Date:

Rabies (required)

FVRCP (required)

FeLV

Date of last examination: _____

Fecal Clear: Y or N

FIV Clear: Y or N

Eyes Clear: Y or N

Ears Clear: 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 _____

_____ Phone _____

address stamp of veterinarian here: