



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

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

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

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

Also enclose copy of the RABIES VACCINATION CERTIFICATE you get from your vet.

VACCINATIONS                      Date Given:                      Expiration Date:

Rabies (required)                      \_\_\_\_\_                      \_\_\_\_\_

DHLPP                      \_\_\_\_\_                      \_\_\_\_\_

Distemper, Hepatitis, Leptospirosis (optional), Parainfluenza, Parvovirus

Bordetella (optional)                      \_\_\_\_\_                      \_\_\_\_\_

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

Heartworm Clear: Y or N date: \_\_\_\_\_ On Heartworm Preventative: Y or N

Fecal 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 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: