ANNUAL HEALTH RECORDS FORM

OWNER: ______________________________  DOG: ___________________________

BREED: _____________________________________________   SEX:                               NEUTERED/SPAYED: [ ] [ ]

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check appropriate boxes. All other mandatory procedures not performed by you, please write “not done” in the appropriate space.

Please do not charge an extra fee for completion of this form. All our Associate Members are volunteers and serve their local community. As this dog’s Veterinarian, I affirm that the information stated in this form is a truthful account of this animal’s veterinary record. I hereby certify that I have examined the dog named above and find this animal physically and mentally healthy and free of contagious diseases.

SIGNATURE OF LICENSED VETERINARIAN (PLEASE SIGN ON DIAGONAL LINE)

CORE VACCINATIONS (Initial Set of Vaccinations)

A dog must have received an initial series of Distemper, Hepatitis, and Parvovirus vaccinations to be registered. Subsequent boosters are given at the Veterinarian’s discretion.

Month    Day         Year

Distemper: [ ] [ ] [ ]
Hepatitis: [ ] [ ] [ ]
Parvovirus: [ ] [ ] [ ]

RABIES (No Titer Accepted)

A current Rabies vaccination is required for registration.

Month    Day         Year

Date Given: [ ] [ ] [ ] Expiration: [ ] [ ] [ ]

FECAL EXAM

A Fecal exam with a negative result must have been performed within one year.

Month    Day         Year

Date of Test: [ ] [ ] [ ]

MANDATORY HEARTWORM

Dogs which are on continued heartworm medication must be tested at least every two years.

Dogs which are not on heartworm medication must be tested annually.

Is the dog presently on a continuous heartworm preventative medication?

Yes  No

Month    Day         Year

Date of Test: [ ] [ ] [ ]

NOTE: ONE DOG PER FORM!

For Existing Members

If some Required Procedures were not performed by the Veterinarian who signed on the diagonal line, these additional records must be provided by the Veterinary Office or Veterinarian that performed the procedure!

ADDRESS STAMP OF VET

Please write Vet info above if there is no stamp available.

Please note, a phone number is required.