



ANNUAL HEALTH RECORDS FORM
THERAPY DOGS INTERNATIONAL (TDI®)
 Tel: (973) 252-9800 Fax: (973) 252-7171
 Email: therapydogsinternational@gmail.com

**NOTE: ONE DOG
 PER FORM!**

For Existing Members

OWNER: _____ DOG: _____ DOG ID#

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BREED: _____ SEX: M F NEUTERED/SPAYED: Y N

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.

CHECK-UP *Check-up to be done by a licensed Veterinarian within the last year*

Month Day Year
 M M D D Y Y
 Date of Last Check-up:

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RABIES(No Titers Accepted) *A current Rabies vaccination is required for registration*

Month Day Year Month Day Year
 M M D D Y Y M M D D Y Y
 Date Given:

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 Expires:

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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
 M M D D Y Y
 Distemper Completed on Date:

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 Hepatitis Completed on Date:

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 Parvovirus Completed on Date:

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FECAL EXAM

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

Month Day Year
 M M D D Y Y
 Date of Test:

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 Positive Negative

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
 M M D D Y Y
 Date of Test:

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 Positive Negative

SIGNATURE OF LICENSED VETERINARIAN
 (PLEASE SIGN ON DIAGONAL LINE)

ADDRESS STAMP OF VET

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Please write Vet info above if there is no stamp available.
 Please note, a phone number is required.

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!