THERAPY DOGS INTERNATIONAL (TDI®)
Tel: (973) 252-9800 Fax: (973) 252-7171 Email: tdi@gti.net

ANNUAL HEALTH RECORDS FORM

REQUIRED FOR REGISTRATION AND RENEWAL

NOTE: ONE DOG PER FORM!

OWNER: _____ DOG: _____ DOG ID# _____
For Existing Members

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.

CHECK-UP
A check-up must have been done by a licensed Veterinarian within the last year

Date of Last Check-up: _____

RABIES (No Titers Accepted)
A current Rabies vaccination is required for registration. TDI will not accept a Rabies titer.
Rabies Date Given: _____ Expires: _____

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.

Distemper Completed on Date: _____

Hepatitis Completed on Date: _____

Parvovirus Completed on Date: _____

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

Positive ☐ Negative ☐

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 ☐

Positive ☐ Negative ☐

Date of Test: _____

SIGNATURE OF LICENSED VETERINARIAN
(PLEASE SIGN ON DIAGONAL LINE)

ADDRESS STAMP OF VET

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!

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Therapy Dogs International (TDI®)

Inoculation Statement for Dogs Vaccinated by Someone Other Than a Veterinarian

I, _____, certify that _____
Owner/Handler's Name (PLEASE PRINT) Dog's Name
has received all vaccinations listed below on the indicated dates. This dog also has a current Rabies vaccination.

Rabies vaccination MUST be performed by a veterinarian. An initial series of all Core Vaccinations specified on the front of this form (Distemper, Hepatitis, Parvovirus) must be given. Subsequent boosters and/or titers for Core Vaccinations should be given following a schedule recommended by your Veterinarian.

LIST ALL VACCINATIONS

Vaccine (s)	Date	Place	Vaccinated by
Vaccine (s)	Date	Place	Vaccinated by
Vaccine (s)	Date	Place	Vaccinated by
Vaccine (s)	Date	Place	Vaccinated by
Vaccine (s)	Date	Place	Vaccinated by
Vaccine (s)	Date	Place	Vaccinated by

Please include a copy of invoices that show you have purchased the vaccines listed above for dogs applying for registration with TDI®

We cannot process your application without the mandatory invoices or labels.

I hereby certify that I, _____ _____
Signature of Vaccinator Vaccinator's Name (PLEASE PRINT)
have given the vaccines to the dog noted above and I take full responsibility.

_____ _____ _____
Vaccinator's Address and Telephone Number (PLEASE PRINT) Date Place

_____ _____
Owner/Handler's Signature Date

Copies of this form may be made ONLY for Therapy Dogs International use.

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