

Caring Canine Doctor Dog (Therapy Dog) Health Screening Form

Name: _____ **Sex:** _____
Breed: _____ **Colour:** _____
D.O.B. _____ **Weight:** _____
Owned by: _____
Address: _____

Vaccination Records

Vaccines	Date given	Next due on	
Rabies			<i>Mandatory</i>

Other Vaccines	Date given	Next due on	Required?
Distemper			Yes / No
Adeno-2 or Hepatitis			Yes / No
Parvovirus			Yes / No
Parainfluenza			Yes / No
Leptospirosis			Yes / No
			Yes / No
			Yes / No

Parasite-Control Records

Is the dog on

- Sentinel: Yes / No Year given: _____
- Revolution: Yes / No Year given: _____

If the dog is not on either Sentinel or Revolution, an annual stool check for parasites is required.

Please *either* attach the stool check report to this form *or* fill in the stool check result below :

- Parasites: _____ Test date: _____

I have examined the dog. It is in good health and free of contagious or infectious diseases.

Additional comments: _____

Veterinarian Signature

Date

Veterinarian's name, clinic address, and phone number: