ANNUAL CANINE HEALTH RECORD

Name of Owner: ___________________________ Dog’s Name: ___________________________

Address: ___________________________ City: ___________________________ Zip: ___________

Breed: ___________________________ Age: ___________ Sex: ___________

Neutered: Yes  No   Spayed: Yes  No

All dogs accredited by Pets Helping People, Inc. must be examined by a licensed veterinarian annually, be current on the following vaccinations, and have had negative heartworm and fecal parasite exams within the last year.

**VACCINATIONS:**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies</td>
<td></td>
<td></td>
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<tr>
<td>Distemper</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis</td>
<td></td>
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<tr>
<td>Parvovirus</td>
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<tr>
<td>Parainfluenza</td>
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</tbody>
</table>

**PHYSICAL EXAM**

Date: ___________________________

**HEARTWORM TEST**

POS
NEG

**FECAL PARASITE EXAM**

POS
NEG

I hereby certify that the described dog has been examined by me and is not showing signs of infectious, contagious and/or communicable disease. I have not found any reasons why this animal should not participate in pet therapy visits.

______________________________  ___________________________  ___________________________
Veterinarian Signature         Date                   Hospital Stamp

______________________________
Name and Address of Veterinary Hospital

_________ ________  (____)  ______
Phone