

Telephone: (414) 393-1111 E-mail: petshelpingpeople@att.net www.petshelpingpeople.org

ANNUAL CANINE HEALTH RECORD

Name of Owner:		Dog's Name	
Address:		City	Zip
Breed:	State to prove the control of the state of t	Age:	Sex:
Neutered: Yes No	Spayed: Yes	No	
All dogs accredited by annually, be current of fecal parasite exams w	on the following	g vaccinations, a	st be examined by a licensed veterinaria and have had negative heartworm and
VACCINATIONS: Rabies Distemper Hepatitis Parvovirus Parainfluenza	Date Given	Expires	
	Date		
PHYSICAL EXAM		Pog	
HEARTWORM TEST		POS NEG	
FECAL PARASITE EXAM		POS NEG	
I hereby certify that the infectious, contagious animal should not part	and/or comm	unicable disease	mined by me and is not showing signs one. I have not found any reasons why th
Veterinarian Signature		Date	Hospital Stamp
	de la companya de la		_()
Name and Address of Veterinary Hospital			Phone