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:	Date Given	Expires
Rabies		
Distemper		
Hepatitis		
Parvovirus		
Parainfluenza		

	Date	
PHYSICAL EXAM		
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.

_____ _____ Hospital Stamp

Veterinarian Signature Date

_____ _(____)_____

Name and Address of Veterinary Hospital Phone

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