



ANNUAL HEALTH RECORDS FORM
Capital Area Intermediate Unit
Facility/Therapy Dog Program

**NOTE: ONE DOG
PER FORM!**

OWNER: _____ DOG: _____ DOG ID#

--	--	--	--	--	--

BREED: _____ SEX:

M	F
☐	☐

 NEUTERED/SPAYED:

Y	N
☐	☐

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. 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 *Check-up to be done by a licensed Veterinarian within the last year*

Date of Last Check-up:

Month	Day	Year
M M	D D	Y Y

RABIES(No Titters Accepted) *A current Rabies vaccination is required for registration*

Date Given:

Month	Day	Year
M M	D D	Y Y

 Expires:

Month	Day	Year
M M	D D	Y Y

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.

		Month	Day	Year
		M M	D D	Y Y
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

Date of Test:

Month	Day	Year
M M	D D	Y Y

Positive	Negative
☐	☐

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 ☐

Date of Test:

Month	Day	Year
M M	D D	Y Y

Positive	Negative
☐	☐

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