



ANNUAL HEALTH RECORDS
REQUIRED FOR REGISTRATION AND RENEWAL

2009

NAME OF OWNER:
NAME OF DOG:
BREED:
OTD# (For renewal only; # is on your ID card)

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.

DATE PERFORMED MUST BE PROVIDED FOR EACH PROCEDURE

If the dog cannot be vaccinated, there has to be a proven clinical condition, for example, if the dog's immune system is compromised or has another illness which would be contraindicated should the dog be vaccinated.

MANDATORY ANNUAL CHECK-UP, DATE COMPLETED:

VACCINATIONS

Rabies Date Shot Given: Expires:
Distemper Date Shot Given: Expires:
Hepatitis Date Shot Given: Expires:
Parvovirus Date Shot Given: Expires:

Lepto, Parainfluenza, Bordetella are at the discretion of the Vet. If not performed, please check here:

Leptospirosis Date Shot Given: Expires:
Bordetella/ Para-influenza Date Shot Given: Expires:

REQUIRED ANNUAL PROCEDURES

Fecal P N Date:
A fecal test is mandatory even if the dog is on HW medication.

Heartworm P N Date:

If Heartworm is not present in the geographic area where the dog resides then a HW test or preventative is at the discretion of the Veterinarian.

Please check box, if not done for that reason:

Type of HW medication(s)
Comments
Name
Address
Phone

ADDRESS STAMP OF VET



I hereby certify that I have examined the above dog and to the best of my knowledge find the animal physically and mentally healthy.

Signature of Licensed Veterinarian

Please include Vet info if there is no stamp available. Please note, phone number is required.

\*\*\*Owner to photocopy both blank and completed BEFORE submission\*\*