



ANNUAL HEALTH RECORDS  
REQUIRED FOR REGISTRATION AND RENEWAL

FOR YEAR: 20□□

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. Where procedures were not performed, please check appropriate boxes. All our Members with their dog(s) are volunteers and serve their local community. Thank you for your cooperation. Ottawa Therapy Dogs.

**DATE PERFORMED MUST BE PROVIDED FOR EACH PROCEDURE**

**OTD cannot register a dog without a current Rabies vaccination.**

**MANDATORY ANNUAL CHECK-UP, DATE COMPLETED:** \_\_\_\_\_

**Rabies**                      **Date Shot Given:** \_\_\_\_\_                      **Expires:** \_\_\_\_\_

If the dog has a physical condition that precludes the safe immunization or reimmunization of the animal against rabies, please provide a statement of exemption issued by a veterinarian with respect to the dog that sets out the reason why the animal cannot be immunized or reimmunized. (To the owner of the dog: The statement of exemption must be submitted with this form).

**REQUIRED ANNUAL PROCEDURES**

**Fecal**                      P                      N                      Date: \_\_\_\_\_

A fecal test is **mandatory**.

**Heartworm**                      P                      N                      Date: \_\_\_\_\_

A HW test or preventative is at the discretion of the Veterinarian.  
Please check box if NOT done:

**ADDRESS STAMP OF VET**

Type of HW medication(s) \_\_\_\_\_

Comments \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I hereby certify that I have examined the above dog and to the best of my knowledge find the animal is of good physical and mental health.

\_\_\_\_\_  
**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\*\***