

Pet Health Record

Date _____

Member's name _____

Address _____

Pet's name _____ male female

Breed _____ intact neutered

Date of last exam _____

General Health excellent good poor comment _____

General appearance excellent good poor comment _____

Eyes healthy need care comment _____

Ears healthy need care comment _____

Teeth healthy need care comment _____

Skin healthy need care comment _____

Vaccinations and Tests (other than rabies, tests may be scheduled at the discretion of the veterinarian)

species	vaccination/test	expiration date	result	
DOG	rabies (required)			
	distemper			
	parvovirus			
	fecal check		neg.	pos.
	ectoparasites		free of	present
CAT	rabies (required)			
	distemper			
	FeLV			
	ectoparasites		free of	present
	declawed?			

Titers acceptable at veterinarian's discretion – please explain reason for doing titers and note date next titers will be done _____

In your professional opinion, is this pet suitable for work in pet-assisted visitation?

Health Behavior Personality

Comments: _____

Signature of licensed veterinarian _____

Veterinary practice _____ stamp _____