



# Animal Health Record

## Caring Canines – Facility Based Assistance Dogs

Owner Name		Dog Name	
Breed		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No

### Check-up

A check-up must be done by a licensed veterinarian within the last year.

Last Check-up Date (Month DD, YYYY)
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### Rabies Vaccination

A current rabies vaccination is required for registration.

Rabies	Date Given (Month DD, YYYY)	Expires (Month DD, YYYY)
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### Core Vaccinations

Core vaccinations are required and updated before the expiration date.

DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza)	Date Given (Month DD, YYYY)	Expires (Month DD, YYYY)
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### Fecal Exam

A negative Fecal exam must have been performed within one year.

Test Date (Month DD, YYYY)	Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive
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### Heartworm

- A negative heartworm test must be given annually if the dog is not on continuous heartworm prevention medication.
- A negative heartworm test is given every two years if the dog is on a continuous (12 months) heartworm preventative medication.

Test Date (Month DD, YYYY)	Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Is the dog presently on a continuous heartworm preventative medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have other vaccinations been given in the past year that are not listed above?

	Test Date (Month DD, YYYY)	Expires (Month DD, YYYY)
1.		
2.		
3.		

Licensed Veterinarian Signature	Date (Month DD, YYYY)
Clinic/Hospital Name and Address	Phone