



**Canine Medical History**

for \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, ZIP \_\_\_\_\_

Date:

Dear Veterinarian: Your client is applying to be a canine social therapy team with his/her dog to work with people in healthcare and/ or educational settings. Please verify that the dog is in good health and is current on vaccinations by filling out this form. If you have any questions or concerns, do not hesitate to contact our volunteer staff at 5800 Commerce Blvd, Rohnert Park, CA 94928 4pawsoffice@gmail.com. Thank you for your time.

Dog's DOB (or approximate age): \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_ County and License No: \_\_\_\_\_

Rabies (please include copy of Rabies Certification)

Rabies Date \_\_\_\_\_ Next vaccination due: \_\_\_\_\_

DHPP Date \_\_\_\_\_ Next vaccination due: \_\_\_\_\_

Bordatella (at Veterinarian's discretion) Date \_\_\_\_\_

Corona Virus (at Veterinarian's discretion) Date \_\_\_\_\_

Is your patient on Flea/Tick Preventative? Yes \_\_\_ No \_\_\_ Heartworm Preventative: Yes \_\_\_ No \_\_\_

If your patient is not on Flea/Tick/Heartworm preventative, date of last fecal float or deworming:

\_\_\_\_\_

Has your patient been diagnosed with any of the following (please check if YES): \_\_\_ Campylobacteris \_\_\_  
Yersoniosis \_\_\_ Salmonellosis \_\_\_ Cutaneous demtophyte infections \_\_\_ Nematode infestation \_\_\_ Leptosporis  
\_\_\_ Canine brucellosis \_\_\_ Resistant Staphylococcus

if YES, has your patient undergone successful treatment and is now safe to visit patients and/or children? Yes N

Please describe the general health and temperament of your patient and any health issue not included above.

\_\_\_\_\_  
\_\_\_\_\_ Veterinarian

(please print) \_\_\_\_\_ Signature \_\_\_\_\_

Address, City, ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_