



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 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: _____
