

P.E.T. P.A.L.S. HEALTH CHECK LIST

An original health check form must be completed yearly along with the veterinarian's signature.

Every section is required to be completed and includes all vaccinations listed.

We will not accept copies of the pet's records from the clinic.

(To be filled out by the owner)

Owner's Name/Address/Phone number _____

Dog's name _____ Breed of dog _____

Birth date _____ Age _____

Vet's name _____ Phone number _____

(To be filled out by veterinarian-all shots/exams listed are required for P.E.T. P.A.L.S.)

Please list the date that the following were given:

Rabies: _____ expires: _____

Distemper: _____ expires: _____

Parvo: _____ expires: _____

Leptospirosis: _____ expires: _____

Bordetella: _____ expires: _____

Please list the date that the following were performed:

Physical exam _____ results _____

External parasite check _____

Result/treatment _____

Stool check _____ Negative

If positive, please explain _____

_____ treatment dates _____

Heartworm check _____ results _____

Please list any medication that the animal is currently on:

Heartworm medication _____

Others _____

Please list any physical conditions P.E.T. P.A.L.S. should know: _____

Please list any limitations that you would place on this animal: _____

Veterinarian's Signature

Date