ANNUAL HEALTH RECORDS

2019

(REQUIRED FOR REGISTRATION & RENEWAL)

NAME OF OWNER:
OTD # (for renewals, # is on your card)**:**

_____ _____

NAME OF DOG: **BREED:**

_____ _____

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check the appropriate boxes. Please do not charge an extra fee for completing this form, as all our members volunteer with their dog(s) to serve their local community. Thank you for your assistance.

DATE PERFORMED MUST BE PROVIDED FOR EACH PROCEDURE

Note: A dog must have a current Rabies vaccination in order to register with Ottawa Therapy Dogs.

(1) MANDATORY ANNUAL CHECK-UP   Date Completed: _____

(2) VACCINATIONS

Rabies   Date Shot Given: _____   Expiry Date: _____

If a dog has a physical condition that precludes the safe immunization or reimmunization of the animal against rabies, please provide a specific statement of exemption issued by a veterinarian, with respect to the dog, that sets out the reason why the animal cannot be immunized or reimmunized. (Note for dog owner: The statement of exemption must be submitted with this form.)

(3) REQUIRED ANNUAL PROCEDURES – CIRCLE RESULTS BELOW. (Note: A fecal test is <u>mandatory</u>.**)**

Fecal   Positive   Negative   Date Completed: _____

Heartworm   Positive   Negative   Date Completed: _____

Note: A heartworm test or preventative is at the discretion of the veterinarian.   **ADDRESS STAMP OF VET:**
Please check box, if not done: ☐

Type of heartworm medication: _____
Comments: _____
Name of Veterinarian: _____
Address: _____
Phone Number: _____

I hereby certify that I have examined the above dog and, to the best of my knowledge, find the animal physically and mentally healthy.

_____   _____
Signature of Licensed Veterinarian   **Date Completed**

Please include veterinarian's contact information if there is no stamp available. Please note that a phone number is required.

*** Owner to retain a copy of the completed form before mailing original to OTD. ***

Updated January 2015