



ANNUAL HEALTH RECORDS

2021

(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 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 – CHECK RESULTS BELOW. (Note: A fecal test is mandatory.)

Fecal

Positive

Negative

Date Completed: _____

Heartworm

Positive

Negative

Date Completed: _____

Note: A heartworm test or preventative is at the discretion of the veterinarian.
Please check box, if not done:

ADDRESS STAMP OF VET:

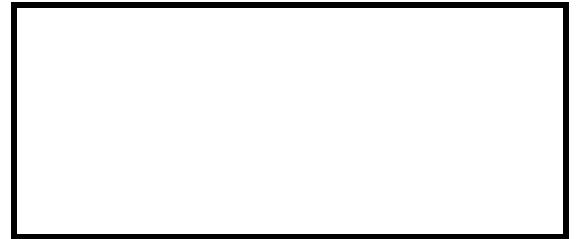
Type of heartworm medication: _____

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. *****