Therapy Dogs of Southeast Michigan

Annual Health Records Form

Owner's Name: _____ Dog's Name: _____

Dog's Age: _____ Dog's Breed: _____ Dog's Sex: M F

Dear Veterinary Professional:
The above-named Owner and Dog comprise a voluntary therapy dog team serving the community. To ensure the safety and wellbeing of the handlers, dogs, and clients of Therapy Dogs of Southeast Michigan, we require that all dogs verify their health and vaccination status annually. Your assistance with this process by completing the below information is greatly appreciated.

Check Up: Annual wellness check should be completed at least annually.

Date of Last Wellness Check: ☐☐☐☐☐☐ (M M D D Y Y)

Rabies: A current rabies vaccination is required (no titers accepted).

Date Given: ☐☐☐☐☐☐ (M M D D Y Y) Expiration Date: ☐☐☐☐☐☐ (M M D D Y Y)

Core Vaccinations: A dog must have received an initial series of Distemper, Hepatitis, and Parvovirus vaccinations to be registered with TDSEM. Subsequent booster are given at the veterinarian's discretion.

Distemper:	Completed on Date:	☐☐☐☐☐☐
Hepatitis:	Completed on Date:	☐☐☐☐☐☐
Parvovirus:	Completed on Date:	☐☐☐☐☐☐ (M M D D Y Y)

Fecal Exam: A fecal exam with a negative result must have been performed within one year.

Date of Test: ☐☐☐☐☐☐ (M M D D Y Y)

Pos. ☐ Neg. ☐

Heartworm: Dogs on continuous heartworm preventative must be tested at least every two years, all others must be tested annually.

Is this dog on continuous heartworm preventative? Yes ☐ No ☐

Date: ☐☐☐☐☐☐ (M M D D Y Y)

Last Test: Pos. ☐ Neg. ☐

Veterinarian Attestation and Signature:

I affirm that the information stated on this form is a truthful account of this dog's veterinary record. I hereby certify that I have examined the dog named above and find the animal healthy and free of contagious diseases as of the date of my signature.

Address Stamp:

Signature: _____

Date: _____