



Veterinary Exam Form

This form must be completed and signed by a licensed veterinarian and returned with your enrollment application by mail, fax or in person. For our new guests a veterinary exam must be completed **within 2 weeks prior to their first visit**. For the protection of all of our guests, failure to supply this information will be cause for cancellation of your dog's visit. **Note: You will need to bring along a fresh stool sample to your veterinarian for the fecal exam - no more than two weeks prior to your dogs evaluation day.**

Owner's Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Dog's Name _____ Breed _____ Age _____

Male Female Spayed/Neutered? Y N Color _____ Weight _____

Required Immunizations: Please enter the date that the below listed vaccinations were last given

DHLPP _____ Rabies _____ Bordetella _____ H3N2/N8 _____
1 Year 3 Year 1 Year 3 Year Required Annually Required Annually

Examination Information: Please check all boxes that apply.

Date of last physical exam: _____ Dog's health is: Poor Fair Good Excellent

Fecal (req'd every 6 months after enrollment) Neg Pos (describe below)

Date of most recent test: _____

Diarrhea Coccidian
 Blood Whipworm
 Roundworm Tapeworm

Eyes Normal Abnormal (describe below)

Conjunctivitis Glaucoma
 Ulcerated/Injured
 Other _____

Ears Normal Abnormal (describe below)

Mites Infection
 Other _____

Skin Normal Abnormal (describe below)

Hot Spots Fleas/Mites
 Ringworm Cysts
 Tumors Mange
 Other _____

Is dog on monthly flea treatment? Y N

Oral Normal Abnormal (describe below)

Papillomas Dental Problems
 Sores Other _____

Skeletal Normal Abnormal (describe below)

Hip Dysplasia Broken Bone
 Bone Abnormality Arthritis

Kennel Cough

Any kennel cough symptoms in the past 2 month? (coughing, sneezing, nasal discharge, etc) Yes No

Other Health Concerns

VETERINARIAN INFORMATION:

Print Veterinarian's Name: _____ Clinic Name _____

Address: _____ Phone _____

Veterinarian Signature: _____ Date _____