

NASHUA DOG PARK ANNUAL HEALTH FORM

ONLY ONE (1) DOG PER FORM

NAME OF OWNER: _____ NAME OF DOG: _____

BREED: _____ COLOR: _____ DATE OF BIRTH: ____/____/____

SEX: MALE

FEMALE

NEUTERED/SPAYED: YES

NO

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. For any procedures not performed by you, please write, "not done" in the appropriate space. We kindly ask that you do not charge an extra fee for the completion of this form.

CHECK-UP

A licensed Veterinarian must have performed a check-up within the last year.

Date of Last Check-up: ____/____/____

RABIES

A current Rabies vaccination is required for registration.

Date Given: ____/____/____

Expires On: ____/____/____

CORE VACCINATIONS (Initial Set of Vaccinations)

A dog must have received an initial series of Distemper, Hepatitis and Parvovirus vaccinations to be registered. Subsequent boosters and/or titers are given at the Veterinarian's discretion.

Distemper Expiration Date: ____/____/____

Hepatitis Expiration Date: ____/____/____

Parvovirus Expiration Date: ____/____/____

FECAL EXAM

A Fecal test must have been performed within the past twelve (12) months.

Date of most recent Test: ____/____/____

RESULT: Positive Negative

HEARTWORM

A negative Heartworm test within the past year is required unless the dog is on preventative medication or Heartworm is not present in the area.

Date of Test: ____/____/____

RESULT: Positive Negative

OR

Heartworm test was not performed because dog is presently and routinely on preventative medication.

As this dog's veterinarian, I affirm that the information stated in this form is a truthful account of this animal's veterinary record. I hereby certify that as-of the "*Date of the last Check-up*" (above), I examined the dog named above and found this animal physically healthy and free of contagious diseases. *Note: If the veterinarian who signed this form did not perform some of the above procedures, the veterinary office or individual that performed the procedure(s) must provide these additional records.*

VETERINARIAN SIGNATURE, ADDRESS AND TELEPHONE

SIGNATURE OF LICENSED VETERINARIAN

____/____/____
DATE

NAME OF VETERINARY PRACTICE

____/____/____
TELEPHONE

ADDRESS / CITY / STATE / ZIP CODE